

Fredericksburg Area Mothers of Multiples Club

"Where God Chooses the Members"

Membership Application Form

Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

Type of Membership (circle one): New Renewal Honorary Prospective Year joined FAMOMC: _____

Your Birthday: _____ Anniversary: _____

Husband's Name: _____ His Birthday: _____

Multiples' Names and Birthday (MM/DD/YY):

Type of Multiples (circle one): IG IB FG FB GB Other

Other Children's Names and Birthdays (MM/DD/YY): _____

Due Date if expecting: _____ How did you find out about FAMOMC? _____

Would you be willing to help with club activities and if so, how? _____

Circle any of the following topics for which you would be willing to be listed on our telephone support line:

Pregnancy with Multiples

Bedrest

Ultrasound

Split delivery (vaginal/c-section)

Apnea monitors

Weaning

Car seats

Being a stay-at-home mom

Language development

Infections

Starting school

Friendly conversation

Other topics (please list): _____

Hospital before birth

Toxemia

C-Section

Premature Babies

Nursing Multiples

Sleeping through the night

Returning to work

Discipline

Having twins after singleton

Potty Training

Parenting older twins

Postpartum depression

Illness before or after birth

Gestational Diabetes

Vaginal Delivery

Infants in hospital

Bottle feeding multiples

Other sleeping problems

Searching for Day care

Picky eaters

Rivalry between multiples and siblings

Adoption

This form and other correspondence (i.e., dues, etc.) may be mailed to FAMOMC, P.O. Box 252, Fredericksburg, VA 22404. For more information, contact Joanna Melton, Membership Chairmom, 775-0053.