



## UPSTATE MOTHERS OF MULTIPLES CLUB MEMBERSHIP FORM

Please print for accuracy. Send the completed form, along with annual dues of \$30, to:

Upstate Mothers of Multiples Club  
Attn: New Member Liaison  
P.O. Box 25154  
Greenville, SC 29616

or bring this form and your check with you to the next UMOMC meeting or event. Fiscal year is August 1 to July 31. Make checks payable to UMOMC.

TODAY'S DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ HOME PH: \_\_\_\_\_

CELL PH: \_\_\_\_\_

OCCUPATION/PLACE OF EMPLOYMENT: \_\_\_\_\_

YOUR BIRTHDAY (MM/DD): \_\_\_\_\_

Please check one:  NEW MEMBER  RENEWAL

PREVIOUS MOM'S CLUB MEMBER – LIST STATE/CITY: \_\_\_\_\_

HOW DID YOU HEAR ABOUT UMOMC? \_\_\_\_\_

IF REFERRED BY CURRENT MEMBER, WHO? \_\_\_\_\_

### ABOUT YOUR SPOUSE

NAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ YOUR ANNIVERSARY: \_\_\_\_\_

## ABOUT YOUR CHILDREN

If pregnant, please give your DUE DATE: \_\_\_\_\_

ARE YOU PREGNANT WITH:  TWINS  TRIPLETS  QUADS  MORE

FIRST & MIDDLE NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

FIRST & MIDDLE NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

FIRST & MIDDLE NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

FIRST & MIDDLE NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

WHAT INTERESTS YOU ABOUT UMOMC?

Support meetings  Social Events  Equipment Sale

Other: \_\_\_\_\_

WOULD YOU BE INTERSTED IN SERVING ON ANY OF THE FOLLOWING COMMITTEES,  
EITHER NOW OR IN THE FUTURE?

CHAPLAIN  COMPUTER RESPONSE  EQUIPMENT SALE

NEWSLETTER  MEMBERSHIP  PROGRAMS

SOCIAL  WEBMASTER  LIBRARIAN

OTHER \_\_\_\_\_

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FOR MORE INFORMATION ON UMOMC EMAIL US AT [UMOMCNEWS@GMAIL.COM](mailto:UMOMCNEWS@GMAIL.COM)