



[www.upstatemomclub.com](http://www.upstatemomclub.com)

## UPSTATE MOTHERS OF MULTIPLES CLUB MEMBERSHIP FORM

Please print for accuracy. Send the completed form, along with the annual dues of \$40.00 to the address listed below or bring it this form and your check with you to the next UMOMC meeting or event. Fiscal year is August 1 to July 31. Please make checks payable to UMOMC.

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

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

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

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

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

EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

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

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

PLEASE CHECK ONE:  NEW MEMBER  RENEWAL  PREVIOUS MoM'S CLUB MEMBER  
—LIST CITY/STATE: \_\_\_\_\_

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

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

### ABOUT YOUR SPOUSE

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

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

**ABOUT YOUR CHILDREN**

IF PREGNANT, PLEASE GIVE YOU DUE DATE: \_\_\_\_\_

ARE YOU PREGNANT WITH:  TWINS  TRIPLETS  QUADS  MORE

ARE YOU HAVING: B/B G/G B/G OTHER: \_\_\_\_\_

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

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

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

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

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

WHAT INTERESTES YOU ABOUT UMOMC?

- SUPPORT MEETINGS  EQUIPMENT/CLOTHING SALES
- SOCIAL EVENTS  OTHER: \_\_\_\_\_

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

- EQUIPMENT/CLOTHING SALE  NEWSLETTER  MEMBERSHIP
- PROGRAMS  SOCIAL  WEBMASTER  NICU COMMITTEE
- OTHER: \_\_\_\_\_

**FOR MORE INFORMATION ON UMOMC, PLEASE EMAIL US AT  
UMOMCNEWS@GMAIL.COM**