

# 2009-2010 St. Cloud Area MOMS Membership Dues

Annual Dues for the St. Cloud Area Mothers of Multiples Club are \$20 per year; a reduction to \$10 is allowed in the last half of the year. Please complete this form as completely as possible. The checklist at the bottom is used for statistics only and will remain anonymous. The information provided in the top section of this form will be made available in our club directory. If you would like a photo included in the directory, please send one to [hstiegel@charter.net](mailto:hstiegel@charter.net) or bring it to the next meeting; your photo will be scanned and returned to you at a future meeting.

MOM's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Husband/Father \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Workplace \_\_\_\_\_  
 Husband's Occupation \_\_\_\_\_  
 Husband's Workplace \_\_\_\_\_

Multiples Names \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Weeks Gestation \_\_\_\_\_

Siblings	Name	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Identical Girls                    | <input type="checkbox"/> Bed Rest (# weeks: _____)     | <input type="checkbox"/> Stay-at-home MOM  |
| <input type="checkbox"/> Identical Boys                     | <input type="checkbox"/> C-Section Delivery            | <input type="checkbox"/> Self-Employed (As: _____)   |
| <input type="checkbox"/> Fraternal Girls                    | <input type="checkbox"/> Vaginal Delivery              | <input type="checkbox"/> Full-Time Employed  |
| <input type="checkbox"/> Fraternal Boys                     | <input type="checkbox"/> Mixed Delivery                | <input type="checkbox"/> Part-Time Employed  |
| <input type="checkbox"/> Boy/Girl Twins                     | <input type="checkbox"/> Loss of One or More Multiples | <input type="checkbox"/> Children in Daycare   |
| <input type="checkbox"/> 2 Identical Girls/1 Boy            | <input type="checkbox"/> Breastfed                     | <input type="checkbox"/> Child/Children with Challenges/<br>Special Needs (Please list: _____) |
| <input type="checkbox"/> 2 Identical Girls/1 Fraternal Girl | <input type="checkbox"/> Multiples Adopted             |  |
| <input type="checkbox"/> 2 Identical Boys/1 Girl            | <input type="checkbox"/> You are a Multiple            |  |
| <input type="checkbox"/> Fraternal Boy/Boy/Girl             | <input type="checkbox"/> Spouse is a Multiple          |  |
| <input type="checkbox"/> Fraternal Boy/Girl/Girl            | <input type="checkbox"/> Single Parent                 |  |

Please bring this form to a meeting or mail it with a \$20.00 check (payable to "St. Cloud Area MOMS")

to: Heidi Bares  
 1940 Pleasant Ave.  
 St. Cloud, MN 56303

Dues Paid \_\_\_\_\_  
 Seller Number \_\_\_\_\_