

PARENTS OF TWINS AND TRIPLETS ORGANIZATION

APPLICATION FOR MEMBERSHIP

Everyone should have twins...Once!!

Members of the National Organization of Mothers of Twins Clubs, Inc.

"Where GOD Chooses the Members"

1. Mother/Applicant's Name _____
2. Father/Spouse's Name _____
3. Mailing/Street Address _____ City/State/Zip _____
4. Email _____ Home Phone _____ Work Phone _____
5. Mother's Occupation _____ Father's Occupation _____
6. List ALL of your children's names, birthdays (or DUE) and sex.

7. Have or Expecting: Twins _____ Triplets _____ Quadruplet _____ Other _____
8. Are your multiples fraternal or identical? _____
9. Do you have any particular problems or questions relating to raising multiples? _____
10. Do you have any experiences such as complications in pregnancy, delivery or special circumstances that you would share to help encourage and educate others? _____
11. In what way do you feel POTATO could best serve your needs? _____
12. How did you hear about POTATO? _____
13. If you are an **expectant** mom, would you like information about our PALs Program? _____
14. Please list any special talents or crafts that you would like to share. _____
15. Are you interested in volunteer work such as compiling information, working booths at baby fairs, book reviews, writing articles, public speaking or serving in an official capacity? _____
16. Would you like to be part of our online discussion group, for support between meetings? _____
17. We offer our newsletter by email only or you can view it on our website or our new meetup group. Please choose which way you want to view it. You will receive instructions for viewing it through our website and meetup group if you choose either of these. _____
18. Would you like to receive our directory by regular mail or email? _____
19. Would you be interested in joining Special Spuds, our newly created group for kids with special needs? _____

I have read this application and completed it correctly and honestly to the best of my ability. I understand that the information I have provided will be held in confidence, except when I give my permission for its release. I also understand that should pertinent information on this application be proven to be false and/or given for fraudulent intention, my membership will be terminated immediately. All rights and privileges of a member will be revoked by written notice from the President of POTATO and all unused paid dues will be forfeited.

Signed: _____ Date: _____

Dues Enclosed: Yes _____ No _____ Amount Paid: _____ Paid by: Check (list number) _____ Cash _____

Make checks payable to POTATO

Please mail completed membership application and dues to:

KATIE CAPLENOR, FIRST VICE PRESIDENT/POTATO
3040 LEBANON PIKE
NASHVILLE, TN 37214

FOR OFFICE USE:

POSTING DATE _____
Editor _____
Sunshine (expectant) _____
Directory _____
Treasurer _____
National Representative _____
Multiple Mentor _____

Email list _____
OTHER FEES _____
Library _____
Sale _____
Fundraiser _____