

PARENTS OF TWINS AND TRIPLETS ORGANIZATION
APPLICATION FOR MEMBERSHIP

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

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. Please list any special talents or crafts that you would like to share. _____
14. 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? _____
15. Would you like to be part of our online discussion group, for support between meetings? _____
16. 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. _____

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 ____
Paypal _____

Make checks payable to POTATO

Please mail completed membership application and dues to:

Megan Stewart, 1st V.P./POTATO
7018 Grindstone Way
Murfreesboro, TN 37129

FOR OFFICE USE ONLY:
POSTING DATE _____
Sunshine (expectant) _____
Treasurer _____
Meetup _____