



**MEMBER INFORMATION**

Please complete this form, and send it along with your dues check for \$25.00 to:  
Katie Rapp, Membership  
Twin Connection  
34403 Nelson Ave  
Pine, CO 80470

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_ Birthday \_\_\_\_\_  
Spouse/Partner: \_\_\_\_\_ Birthday \_\_\_\_\_  
Anniversary: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2.	Children's Names	Sex	Birthday	# weeks gestation	Birth Weight
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

3. Are your multiples identical or fraternal? \_\_\_\_\_

4. How did you find out about Twin Connection Club? \_\_\_\_\_

5. Please provide a brief history about you and your family (e.g., where you were born, raised, multiples in your families, about your husband, how you met, your jobs, interests and hobbies). Some of this information will appear in our newsletter as an introduction to our members. Use the back of this sheet if needed.

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