

South Eastern Virginia Mothers of Multiples



Membership Form

Dues are \$25.00 per year

___ New Member ___ Renewing Member ___ Expecting

Name: _____

Address: _____

City: _____ Zip: _____

Phone #: _____ Email Address: _____

Your Birthday: _____ Husband's Name and Birthday: _____

Anniversary: _____ Your age at birth of multiples: _____

Multiples (name, gender, birth weight) Multiples' Birthday: _____

(If more than one set of multiples, please list both here)

a) _____

b) _____

c) _____

d) _____

e) _____

Are they identical? ___ Were they premature? ___ How many weeks gestation: ___ Did you have complications? ___

Please explain: _____

Do your multiples have any special needs? _____

Other Children (name, gender, and birthday)

1) _____ 2) _____

3) _____ 4) _____

Expecting? What type of multiples? _____ Due Date: _____

Are you ___ or your husband ___ a twin? Do twins run in your family? _____

Please list your hobbies or special talents you would like to share: _____

Do you work outside of the home? _____

If yes, what type of work do you do? _____

Do you already belong to a Mothers of Multiples Club? ___ Locally? ___ If yes, please put club name: _____

Have you belonged to a club before? ___ What are you looking for in a support club? _____

How did you hear about SEVMOM? _____

THANK YOU AND WELCOME TO THE CLUB!!!

For Club Use Only:

Joining Date: _____

Payment Method: ___ Cash or

___ Check # ___ Other* _____

*Explanation: _____

Receipt: Yes or No

Please complete form and return with your payment to:

SEVMOM

C/O Terri Whatley

1816 Sechrist Ct.

Virginia Beach VA 23454