



**North Dallas**  
Mothers of Twins Club

*Annual dues are \$35.00 (\$24.00 after 1/1/10)  
Make checks payable to NDMOTC.  
Mail this form and check to:  
Danyelle Becker  
NDMOTC Membership ChairMom  
2609 Phillips Drive Garland, TX 75044  
Or turn in at the Membership Table at the General Meeting*

**AUGUST 2009- AUGUST 2010 MEMBERSHIP FORM**

✍ **MEMBER INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ COMPANY \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_ WORK EMAIL \_\_\_\_\_  
 SPOUSE/PARTNER NAME \_\_\_\_\_  
 SPOUSE/PARTNER OCCUPATION \_\_\_\_\_ COMPANY \_\_\_\_\_

✍ **REFERENCE**

OB/GYN \_\_\_\_\_ OB PHONE \_\_\_\_\_  
 OB ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
 We will send your OB/GYN club information unless you circle No..... NO  
 PEDIATRICIAN \_\_\_\_\_ PED. PHONE \_\_\_\_\_  
 PED. ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
 We will send your Pediatrician club information unless you circle No..... NO

✍ **CHILDREN**

SEX OF TWINS M/M M/F F/F BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ TYPE (circle) - FRATERNAL OR IDENTICAL  
 TWIN "A" NAME \_\_\_\_\_ TWIN "B" NAME \_\_\_\_\_  
 PLEASE LIST ALL OTHER CHILDREN BELOW : DO YOU HAVE HIGHER ORDER MULTIPLES? YES NO  
 CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE LIST THE NAME OF ANY NIGHT-NURSE, NANNY, OR BABYSITTER YOU WOULD RECOMMEND FOR OUR NEW MOMS:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF SERVICE HE/SHE PROVIDES \_\_\_\_\_

ARE YOU INTERESTED IN BEING PAIRED UP WITH EITHER OF THE FOLLOWING (CHECK ALL THAT APPLY):

BIG SISTER \_\_\_\_\_ LITTLE SISTER \_\_\_\_\_

**CLUB ACTIVITIES**

In order to provide Club activities and services, we need the participation of all our members. Please place a check mark (X) next to any of the Committees you are interested in working on. If you would like more information about a Committee, contact the Committee Chairman or any Board Member.

- \_\_\_\_\_ Auction
- \_\_\_\_\_ Expectant Moms
- \_\_\_\_\_ New Mom's Support
- \_\_\_\_\_ Garage Sale Committee
- \_\_\_\_\_ New Mom's Meals
- \_\_\_\_\_ Community Outreach
- \_\_\_\_\_ Fundraising
- \_\_\_\_\_ Newsletter
- \_\_\_\_\_ Library
- \_\_\_\_\_ Meeting Hostess
- \_\_\_\_\_ Playgroups
- \_\_\_\_\_ Santa Stop
- \_\_\_\_\_ New Mom's Forum
- \_\_\_\_\_ Refreshments
- \_\_\_\_\_ TMOM
- \_\_\_\_\_ Socials/Parties
- \_\_\_\_\_ Web-site

Please use the following lines to list anything we can help you with or any questions/suggestions you may have:

\_\_\_\_\_  
\_\_\_\_\_

You have my permission to include the above information in the Club directory, which will be distributed to NDMOTC members only.

I authorize NDMOTC to publish any photos taken of my children at a club event or forwarded to the webmaster on our Club Website or any Club Newsletter. Yes \_\_\_\_\_ No \_\_\_\_\_

I, the undersigned, understand that my participation and the participation of any members of my family in any NDMOTC activity or program, is completely voluntary, and we hereby give permission for myself and my family to join in those activities or programs. My family shall hold NDMOTC harmless as well as any Club volunteers or representatives, paid or unpaid, and/or the providers of any activity or program location and/or materials from any liability and/or responsibility for any accident, illness or injury that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family rests with me.

All members must have Liability Release on file with NDMOTC before attending any activities or programs.

Member Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>MEMBERSHIP USE ONLY</b>	Paypal Option Used: Yes <input type="checkbox"/> No <input type="checkbox"/>	Check # or Reference _____
Date Paid ____/____/____	Amount Paid \$ _____	Payment Logged: <input type="checkbox"/>
Conf. or Welcome Letter Sent ____/____/____	Email Distro: <input type="checkbox"/>	Database: <input type="checkbox"/>