



North Dallas
Mothers of Twins Club

Dues are \$10.00
Make checks payable to NDMOTC.
Mail this form and check to:
Danyelle Becker
NDMOTC Membership ChairMom
2609 Phillips Driver Garland, Texas 75044
Or turn in at the Membership Table at the General Meeting

STORK CLUB MEMBERSHIP FORM

LAST NAME _____ FIRST NAME _____

HOME PHONE _____ MOBILE PHONE _____

ADDRESS _____ BIRTHDATE ____/____/____

CITY _____ STATE _____ ZIPCODE _____

EMAIL _____

OCCUPATION _____ COMPANY _____

WORK PHONE _____ WORK EMAIL _____

SPOUSE'S NAME _____

SPOUSE'S OCCUPATION _____ COMPANY _____

OB/GYN _____ OB PHONE _____

OB ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

We will send your OB/GYN club information unless you circle No..... NO

DUE DATE ____/____/____ TWINS TRIPLETS QUADS SEX OF MULTIPLES _____
 (if known)

PLEASE LIST ALL OTHER CHILDREN BELOW:

CHILD'S NAME _____ BIRTHDAY ____/____/____

CHILD'S NAME _____ BIRTHDAY ____/____/____

CHILD'S NAME _____ BIRTHDAY ____/____/____

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

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 ____/____/____

MEMBERSHIP USE ONLY **Paypal Option Used:** Yes No **Check # or Reference** _____

Date Paid ____/____/____ **Amount Paid \$** _____ **Payment Logged:**

Conf. or Welcome Letter Sent ____/____/____ **Email Distro:** **Database:**