

Fredericksburg Area Mothers of Multiples Club
"Where God Chooses the Members"
Membership Application Form

Name: _____

Mailing Address _____

Phone: _____

Email Address: _____

Type of Membership (circle one): New Renewal Honorary Prospective

Year joined FAMOMC:

Your Birthday: _____

Anniversary: _____

Husband's Name: _____

His Birthday: _____

Multiples' Names and Birthday (MM/DD/YY):

Type of Multiples and Birthdays (circle one): IG IB FG FB GB Other -

Other Children's Names and Birthdays (MM/DD/YY):

Due Date if expecting: _____

How did you find out about FAMOMC? _____

Would you be willing to help with club activities and if so, how?

Circle any of the following topics for which you would be willing to be listed on our telephone support line:

Pregnancy with Multiples	Hospital before birth	Illness before or after birth
Bedrest	Toxemia	Gestational Diabetes
Ultrasound	C-Section	Vaginal Delivery
Split delivery (vaginal/c-section)	Premature Babies	Infants in hospital
Apnea monitors	Nursing Multiples	Bottle feeding multiples
Weaning	Sleeping through the night	Other sleeping problems
Car seats	Returning to work	Searching for Day care
Being a stay-at-home mom	Discipline	Picky eaters
Language development	Having twins after singleton	Rivalry between multiples
Ear Infections	Potty Training	and siblings
Starting school	Parenting older twins	Adoption
Friendly conversation	Postpartum depression	

Other topics (please list):

This form and other correspondence (i.e., dues, etc.) may be mailed to FAMOMC, 10811 Hamilton's Crossing Drive, Fredericksburg, VA 22408 or email patrx5@netzero.net