

LCMOMS MEMBERSHIP FORM

MEMBER INFORMATION

Name:		
Home Phone:	Cell Phone:	Work Phone:
Address:		
City:	State:	ZIP Code:
Email address:		Date of Birth:

SPOUSE/PARTNER INFORMATION

Name:		
Date of birth:		

MULTIPLES INFORMATION

Multiple #1 Name:	Gender:	Date of Birth:
Multiple #2 Name:	Gender:	Identical or Fraternal (if known)
Multiple #3 Name:	Gender:	
Multiple #4 Name:	Gender:	

OTHER CHILDREN

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

LCMOMS AGREEMENT

I understand the Lancaster County Mothers of Multiples is not responsible for any injuries which may occur while participating in LCMOMs activities or events. I also understand that I am responsible for supervising my own children while attending LCMOMs activities or events.

Signature:	Date:
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LCMOMS MEMBERSHIP DUES

General Membership – Membership to LCMOMs for one year ending July 31 st . (covers Club, State, and National dues).	\$18.00
Signature:	Date:

RESOURCE LIST

Please circle the areas in which you have experiences that you would be willing to share with others

Bedrest with multiples	Daycare
Premature birth (multiples or singletons)	Preschool
Multiples in NICU	Nanny Services
Breastfed multiples	Cloth diapers
Bottlefed multiples	Early Intervention Services