

Busy Bee Mothers of Multiples Club

Membership Enrollment Form



Name _____

Address _____

City _____ Zip _____

E-mail Address _____ Phone numbers _____

Your birthday _____ Husband's name and birthday _____

Anniversary date _____ Your age at birth of multiples _____

Multiples (name and gender)

a) _____ b) _____ c) _____

Multiples' birthday _____ or due date _____

Name of Obstetrician or OB Practice: _____

Name of Pediatrician or Practice: _____

Other children (names, gender and date of birth)

How many minutes between your multiples' births? _____ What were their birth weights? _____

Were they premature? Y or N If so, explain:

Have you or your children had any special problems? _____

Are you _____ or your husband _____ a twin? (Fill in Y or N) Circle: Identical or Fraternal.

Do twins run in your family? _____ Mother _____ or Father _____ (Fill in I or F)

Do you already belong to another Mothers of Twins Club? _____

Have you belonged to a Mothers of Twins Club before? _____

Please list your talents and interests:

Pictures of my family (including children) may/may not (circle one) be posted on the BBMOM website. _____

(Signature)

What would you like to get out of our club? _____

How did you hear about our club? _____

THANK YOU AND WELCOME TO THE CLUB!!

Please fill out this form and return with your payment to:

Busy Bees MOMC

C/O Membership

P.O. Box 22

Gilbert, AZ. 85299-0022

Website: www.bbmomaz.com

To be filled out by membership:

Date Joining BBMOMC: _____

Dates membership dues paid: _____
