



## MEMBERSHIP ENROLLMENT FORM

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Birthday \_\_\_\_\_

### Multiples:

Name	Gender	Weeks Delivered	Date of Birth

Currently expecting multiples (due date): \_\_\_\_\_

### Other Children:

Name	Gender	Date of Birth

Do you currently belong or have you ever belonged to another Mothers of Twins Club? ☐ Yes ☐ No

What are your hobbies and interests?

Pictures of my family, including children, may be posted on the BBMOM website.

☐ Yes, they may be posted. ☐ No, they may not be posted.

Signature of Member \_\_\_\_\_

How did you hear about our club? \_\_\_\_\_

The club has various opportunities and positions for members to support the club.

Would you like to be a part of the club's leadership or assist on a committee? Opportunities include: advertising, fundraising, charity, website, newsletter, meal trains, yard sale coordinator or club library?

☐ Yes (please list your interest in the space below) ☐ No, not at this time.

**Please complete this form and return with your payment:**

1. In person cash, check or credit card (\$1.00 fee)
2. Mail check payment  
Busy Bee MOMC  
% Marcy Ross, VP Membership  
P.O. Box 22  
Gilbert, AZ 85299-0022
3. Email [bbmomaz@gmail.com](mailto:bbmomaz@gmail.com) & PayPal

### To be filled out by Membership VP

Date Joined BBMOM \_\_\_\_\_

Added on Facebook \_\_\_\_\_

Badge Ordered \_\_\_\_\_

Added to Roster \_\_\_\_\_