



MEMBERSHIP ENROLLMENT FORM

Name		Phone	
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Address		City		State		Zip	
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Email		Birthday	
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Multiples:

Name	Gender	Weeks Delivered	Date of Birth

Currently expecting multiples (due date):	
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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	
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How did you hear about our club?	
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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?

<input type="checkbox"/> Yes (please list your interest in the space below) <input type="checkbox"/> No, not at this time.
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Please complete this form and return with your payment:

1. In person cash, check or credit card (\$1.00 fee)
2. Mail check payment to Busy Bee MOM
% Marianne Herricht, VP Membership
P.O. Box 22 Gilbert, AZ 85299-0022
3. Email bbmomaz@gmail.com & PayPal

To be filled out by Membership VP

Date Joined BBMOM _____

Added on Facebook _____

Badge Ordered _____

Added to Roster _____

Received Welcome Packet _____