

# North Carolina Mothers of Multiples

## Verification of Applicant Qualifications

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Club Affiliation: \_\_\_\_\_

Nominated by: \_\_\_\_\_

Offices and positions held on the local level – (please include dates whenever possible)

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Has applicant held positions in NC MOM? \_\_\_\_\_ yes \_\_\_\_\_ no

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Name of Affiliate Club's President: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Daytime: \_\_\_\_\_ Evening \_\_\_\_\_

President's Comments:

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As President of \_\_\_\_\_, I do verify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
President's Signature