

**Georgia Organization of Mothers of Multiples Clubs, Inc**  
*A Support Group for Parents of Twins, Triplets and Higher Order Multiples*

**Membership Application for the 2007 - 2008 terms**

**Please Type or Print Neatly**

Date \_\_\_\_\_

Name of Club \_\_\_\_\_

Please write out full name of club, no abbreviations.

Affiliate                       New Club                       Renewal

**Club's Official Contact Person** \_\_\_\_\_

Title or Position \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Meeting Place \_\_\_\_\_

Address \_\_\_\_\_

Time and Day of Month of Meetings \_\_\_\_\_

Club's Web Site Address (if applicable) \_\_\_\_\_

**Club's Alternate Contact Person** (Club President must be listed here if NOT listed above)

\_\_\_\_\_

Title or Position \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

The contact person's information listed above will be used for all referrals and mailings. Referrals will be made to prospective members, social service and medical agencies. If the club's Official Mailing Address is a PO Box, the alternate address must be a street address. If the information is missing or not correctly filled out, the club's status will be placed on hold.

**First Time Application fee** (onetime fee for New Clubs & Affiliates)...**\$10.00** \$ \_\_\_\_\_

**Annual Dues** Total number of members in club @ **\$2.50** per member family \$ \_\_\_\_\_

**Late Fee** If dues postmarked after September 1.....**\$10.00** \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Return Application to GOMOM Office:

**Georgia Organization of Mothers of Multiples Clubs, Inc**  
 204 Margaret Boykin Rd.  
 Odum, GA 31555

**Please include this form, local member roster, and cities & zip codes covered by your club**

|                           |                 |               |                 |
|---------------------------|-----------------|---------------|-----------------|
| For GOMOM Office Use Only |                 |               |                 |
| Date Rec'd _____          | Amount \$ _____ | Check # _____ | # Members _____ |