

Georgia Organization of Mothers of Multiples, Inc

A Support Group for Parents of Twins and Higher Order Multiples

Membership Application Professional Affiliate

Please Print or Type

Date: _____

Name _____

Institution/Professional Organization _____

Title or Position _____

Street Address _____

City _____ State _____ Zip _____ Country _____

Telephone # _____ E-mail Address _____

PROFESSIONAL AFFILIATE MEMBERSHIP

Open to health care workers, clinics, hospitals, educators and other interested professionals.

Benefits include:

- subscription to GOMOMs Multiple Peaches Newsletter (1 copy per issue)
- GOMOM research reports and surveys
- referral to GOMOMs support services
- information about publications and products
- receive discounted rate to attend convention

Annual Dues (payable in U.S. Funds, drawn in a U.S. Bank)

() **Onetime New Application Fee** (non refundable) - \$ 10.00 \$ _____

() **Annual Dues**, Individual Affiliate Member - \$5.50 \$ _____

() Additional Subscription to **GOMOMs Multiple Peaches** - \$8.00 \$ _____

Total Amount \$ _____

RETURN TO: GEORGIA ORGANIZATION OF MOTHERS OF MULTIPLES, INC.

204 Margaret Boykin Rd

Odum, GA 31555

912-530-9755

gomomc@hotmail.com

GOMOM OFFICE USE ONLY

Date Rec'd _____ Amount \$ _____ Check # _____ No of Members _____