

# MPOMC MEMBERSHIP FORM

Date: \_\_\_\_\_ New Member \_\_\_ Renewal \_\_\_ Office: WP/DB/NT/NMC

Parent (FIRST NAME) \_\_\_\_\_ (LAST NAME) \_\_\_\_\_

Parent (FIRST NAME) \_\_\_\_\_ (LAST NAME) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

Email address \_\_\_\_\_

Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_ or Actual Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Multiples' First Names \_\_\_\_\_

Multiples' Last Name \_\_\_\_\_

Identical or Fraternal \_\_\_\_\_ Gender(s): Male \_\_\_ Female \_\_\_

Sibling's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sibling's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you find out about MPOMC? \_\_\_\_\_

Primary professional experience (present or past)

## Membership Dues\* are:

Renewal - MPOMC Membership - Pregnant through age 4	\$45	\$ _____
New Member - MPOMC Membership - Pregnant through age 4 (Includes one-time new member fee)	\$55	\$ _____
HOTTMoms Membership - Pre-K and older only (Does not include access to MPOMC Email or Rattle On Newsletter)	\$20	\$ _____
HOTTMoms Membership plus MPOMC Membership - Pre-K and older only (Includes access to MPOMC Email and Rattle On Newsletter)	\$45	\$ _____
+ Optional Donation		\$ _____

\_\_\_\_\_

**TOTAL ENCLOSED** \$ \_\_\_\_\_

(Please make check payable to: **MPOMC**)

\*If you are unable to afford dues this year, please join anyway and check here: \_\_\_\_\_

Contribute what you can, if anything -- no questions asked.

Occasionally, we release our roster to organizations supporting parents of multiples or offering special discounts. Check here if you do not want your name on this roster: \_\_\_\_\_

**Mail this form and check, payable to MPOMC, to:**  
MPOMC Membership, P.O. Box 3327, San Rafael, CA 94912