

## SJMOM Membership Application

Today's Date: \_\_\_\_\_

### Mom's Info

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

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

Occupation: (most recent) \_\_\_\_\_ Hobbies: \_\_\_\_\_

Due Date (if pregnant): \_\_\_\_\_ Your age at multiples  
birth: \_\_\_\_\_

### Multiple Info

Name A: \_\_\_\_\_ Birth Wt: \_\_\_\_\_ Sex: \_\_\_\_\_

Name B: \_\_\_\_\_ Birth Wt: \_\_\_\_\_ Sex: \_\_\_\_\_

Name C: \_\_\_\_\_ Birth Wt: \_\_\_\_\_ Sex: \_\_\_\_\_

Name D: \_\_\_\_\_ Birth Wt: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ How many minutes apart: \_\_\_\_\_

Identical or Fraternal: \_\_\_\_\_

### Family Info

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

Siblings?

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

### Misc. Info

How did you hear about us?

Was your multiple delivery C-section or vaginal?

\_\_\_\_\_  
Any special areas you or your multiples need support with (i.e.; breastfeeding, bed-rest, pre-maturity, monitors, developmental problems, siblings, etc.)?

\_\_\_\_\_  
Any areas in which you have any experience and could help another member? \_\_\_\_\_

\_\_\_\_\_  
\*\*\*Photographs of members and their families may be taken during club meetings, activities and events. I give SJMOMS permission to use/publish my photos for club purposes.

**Signature** \_\_\_\_\_

\*\*\*Is there any information that you do not want published in our monthly news letter or printed publicly at any time? **YES** \_\_\_\_\_, **NO** \_\_\_\_\_, **EXPLAIN** \_\_\_\_\_