

Tidewater Mothers Of Multiples Club

Membership/Welcoming Form

The club year is August-July. Annual Membership Dues are \$30.00.

Dues include monthly copies of our newsletter "Me and My Shadows", Membership to National Mothers of Twins Club and MidAtlantic Parents of Multiples, Quarterly National Notebook publications, participation in all meetings, programs and functions, access to our on-line yahoo group, and to the members only section at www.tmomc.org and the friends are an added bonus.

Please Circle: **RENEWAL** **NEW MEMBER** **EXPECTANT MOM (Due date_____)**

Name: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Email: _____

**How do you wish to receive your newsletter via email or regular postal mail?
Do you prefer to be contacted with club information via telephone or email?**

Your Birthday (year not necessary!) _____ Anniversary (please include year) _____
Spouse or Significant other: _____ Birthday: _____

Children's FIRST and LAST Names and Birthdays:

Please list youngest to oldest and indicate multiples with **.

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____
- 7. _____

Please Circle Multiple Type: Identical / Fraternal Twin girls Identical / Fraternal Twin Boys Boy / Girl Twins;
Triplets (sexes _____) Quadruplets (sexes _____)

How were you referred to TMOMC? _____

Do you have any special talents or interests that you would like to share with TMOMC?

Dues and Membership:

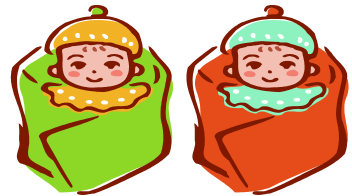
A: Full Year Dues = \$30.00 payable after April 1 (Full privileges in all club activities)

B: Half Year Dues = \$15.00 after January 1st (Full privileges in all club activities)

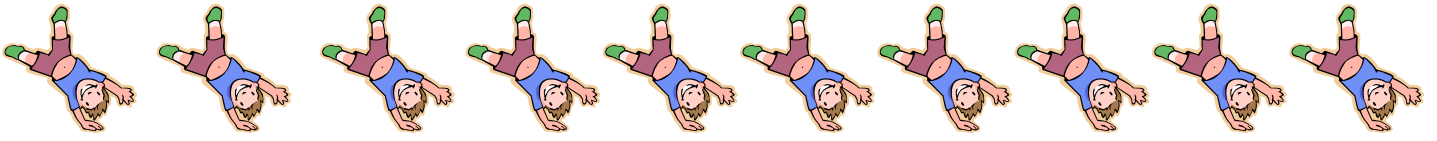
C. Expectant Mom Membership: All expectant moms are invited to participate in all club activities while expecting and until two months after delivery at which time they are invited to pay dues and join.

For Club Use ONLY:
Date: _____
____ New Member
____ Renewing Member
Payment Method:
Check # _____
Cash Amount _____
Receipt Given: yes or no

Make checks payable to: TMOMC
Please complete form and return with payment to: TMOMC C/O Mindy Wyatt 303 Festival Court Suffolk, VA 23434



Thank you and welcome to the club that has been proudly serving Hampton Roads since 1968!



TMOMC depends on its members each year to **volunteer** in a variety of ways to ensure we carry out our goals and meet the needs of our members and their families. Each committee has a chairmom who reports directly to a board member, a committee of members working together in each area is our goal. There are many ways to help-- both large and small, some one-time efforts, (i.e. a party), others on-going, (i.e. welcoming committee). Volunteering is a great way to get involved and meet other moms! All members are needed to help in some way. Please check the main area and/or any areas in which you have an interest in helping this year.

- _____ **Welcoming** (New and Expectant mom meetings, bi-annual brunches, door greeters, meeting set up, nametags)
- _____ **Social** (Playdates, children's parties, Meeting Refreshments, meeting set up, Mom's Night Out)
- _____ **Ways and Means** (Tag Sales, Raffles, Auctions, t-shirts & tote bags) _____ **Secret Sister**
- _____ **Newsletter** _____ **Meals for Moms** (Delivers meals to moms who have recently delivered)
- _____ **Helping Hands** _____ **Sunshine** (sends cards and remembrances) _____ **Publicity**
- _____ **Historian** (take photos at club functions, update scrapbooks, and bring scrapbooks to meetings to share)
- _____ **Telephone/Email Tree** (make phone calls to members when needed)

BIG SISTER/LITTLE SISTER

The club would like to match mothers of multiples with new or expectant moms. Big Sisters would offer support and valuable advice on caring for multiples.

Yes, I would like to HAVE a Big Sister contact me! **Yes, I would like to BE a Big Sister & offer my support!**

DATABASE-RESEARCH INFORMATION

(This is optional but please note that is kept confidential for the club database only.) Please use the back of this form if you need more space to write.

1. At what week did you learn you were expecting multiples? _____
2. Did you experience complications? _____ If so please list? _____
3. Were you on bedrest? If so how long? _____
4. At what gestation week were they born? _____
5. Your age at their birth? _____ 6. Where did you deliver? _____
7. Type of delivery (circle) Vaginal C-Section Both
8. Birth weights A: _____ B: _____ C: _____ D: _____
9. Did babies go home with you? _____ or have a NICU stay; if so how long? _____
10. Did you breastfeed? If so how long? _____
11. Are you a multiple? _____ What type? _____ 12. Do have a family history of multiples? _____
13. Did you have fertility treatment? If so what kind? _____
14. Are your multiples placed in class together at school? _____
15. If no, have they been placed together previously? _____
16. What was the outcome? _____
17. Are you employed outside the home? _____ If so Part time or Full time? _____
Occupation (current or past): _____

MEMBER-TO-MEMBER RESOURCE LIST

If you would like to be connected with a member who has experience with any of the following subjects, please place a **check** by the resource you **would LIKE** info on. If you would be willing to share your experience with others, please place an **"X"** by the subject you have information to share. Your name will be included in the list maintained by the resource coordinator in the event other members ask for help. These lists are for members only.

- | | | |
|--|---|---|
| <input type="checkbox"/> Bedrest | <input type="checkbox"/> Magnesium Sulfate | <input type="checkbox"/> Single Mom |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Military – Active Duty | <input type="checkbox"/> Speech/Language Delays |
| <input type="checkbox"/> Beta Methazone | <input type="checkbox"/> Military Spouse | <input type="checkbox"/> Tocolytics (Terbutaline, etc.) |
| <input type="checkbox"/> Bronchial Pulmonary Dysplasia (BPD) | <input type="checkbox"/> NICU Stays | <input type="checkbox"/> Toxemia/Preclampsia |
| <input type="checkbox"/> Breast-Feeding | <input type="checkbox"/> Positional Placoecephaly | <input type="checkbox"/> Nannies |
| <input type="checkbox"/> Career Mothers | <input type="checkbox"/> Post-Partum Depression | <input type="checkbox"/> HELLP Syndrome |
| <input type="checkbox"/> Cerclage | <input type="checkbox"/> Premies before 26 weeks | <input type="checkbox"/> IVF |
| <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Premies 26-32 weeks | <input type="checkbox"/> Reflux |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Premies 32+ weeks | <input type="checkbox"/> School age multiples |
| <input type="checkbox"/> Feeding Issues | <input type="checkbox"/> Pregnancy Induced Hypertension | |
| <input type="checkbox"/> Gestational Diabetes | <input type="checkbox"/> Respiratory Virus (RSV) | |