

DATE: _____ Expectant Mom Visitor Member
 PAYMENT METHOD: Check # _____ Cash _____ Other _____

Richmond Area Mothers Of Multiples Member Information Form

Please clearly **PRINT** all information. Return completed form to the **Membership Table** during a meeting **OR** mail form to **RAMOM**, P. O. Box 70748, Richmond, VA 23255.

Renewing members need only complete the information that has changed from last year.

Membership dues are \$30 per year. The RAMOM membership year is July through June.

Please make all checks payable to **RAMOM**.

Name: _____ Member's Birthday: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

E-mail Address: _____

Due Date if *applicable*: _____ Year joined: _____

Do you work? **Y** **N** *If yes* **FT** **PT**

Please circle: Stay-at-home-Mom (SAHM) Work-at-home-Mom (WAHM) Student

Occupation: (current or pre-multiples) _____

Multiple Type: Twins Triplets Quads Other

Please tell us about **ALL** of your children:

Child's Name	Birth Date	Age	Sex	Specify Multiple Type (FG, IG, IB, BBG) or "S" for Singleton

Please circle all answers that apply:

Would you like to be part of our newsgroup (listserve)? Y N

Would you like a mentor? (A mentor is a direct contact who will answer questions and offer advice to you.) Y N

Do you need support for special needs multiples? Y N

Would you like to volunteer? If so, please ask Membership table for possibilities. Y N