Membership Form

Membership Dues: $28.00
August 1, 2016 - July 31, 2017
New Member Option: $40.00
March 1, 2017 - July 31, 2018

Pay at an upcoming meeting or mail your check to:
Peoria Mothers of Twins
PO Box 2004, East Peoria, IL 61611

Or pay via Paypal with a $2 convenience fee at
www.peoriamothersoftwins.org

PMOT Peoria Mothers of Twins

*Required

*Today's Date	
*Member's Full Name	
*Date of Birth	
*Email	
*Address	
*City, State, Zip	
*Preferred Phone Number	
Place of Employment	

Significant Other's Information:

Name	
Date of Birth	
Place of Employment	
Wedding Anniversary	

Member's Children:

Circle One:

Twins - Triplets - Other: _____

Identical

Fraternal

Expecting?   Yes - No

Due Date: _____

Name	Gender	Birthday	Name	Gender	Birthday

Would you like to be a part of the <u>private</u> PMOT Facebook page?   ☐ YES ☐ NO

If yes, what does your name appear as on Facebook? _____

I hereby give my consent for PMOT to post pictures of me/my family that may be taken at PMOT functions.   ☐ YES ☐ NO

I hereby give my consent for PMOT to add my information to the directory that is for paid/current members of PMOT.   ☐ YES ☐NO

CLUB USE ONLY
☐ New Member
☐ New Extended
☐ Renewal
Paid _____

Peoria Mothers of Twins