

# Queen City Mothers of Twins Club



## Membership Form

Please complete this form and mail it with a check for \$25 payable to QCMOTC.  
Mail the form and check to: QCMOTC, PO Box 4095, Manchester, NH 03108-4095

Please check one box:

- New Member  
 Renewing Member with no changes.  
 Renewing Member with the changes below.

Your Name _____			Phone Number (with area code) _____
Address _____			Cell Phone Number _____
City _____	State _____	Zip Code _____	Your Birthday _____
Email Address _____			_____
Spouse/Partner's Name _____			Today's Date _____
Your Interests _____			How did you hear about the club? _____

### Your Children

Name	Twin, Multiple, or Singleton	Birth Date or Due Date	Identical, Fraternal or Unknown	Boy or Girl

What interests you the most about the club? (Please circle all that apply)

Meeting Other Moms of Multiples	Playgroups	Moms Night Out
Sharing Information and Resources	Weekend Family Events	Monthly Meetings

Are you interested in receiving a free one-time delivery of meals shortly after your twins are born?  
These are donated by our club members. Please circle YES or NO.