

# Queen City Mother's of Twins Club Membership Form

Membership Dues  
 Full year: \$25.00  
 June 1<sup>st</sup>- May 31at  
**New Member**

**Changes for existing member**

Mail completed form and dues  
 (check payable to QCMOTC) to:  
 Carrie Peabody 23 Coleman Road, Auburn NH 03032  
**Renewing Membership with no changes**

\_\_\_\_\_  
 Your Name

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

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Your Birthday

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Your Occupation

\_\_\_\_\_  
 Phone number (including area code)

\_\_\_\_\_  
 Spouse/Partner Name

\_\_\_\_\_  
 Email address

\_\_\_\_\_  
 Spouse/Partner Occupation

\_\_\_\_\_  
 Your Interests

\_\_\_\_\_  
 Your Anniversary

\_\_\_\_\_  
 If you delivered at the Elliot did you receive a gift bag from us

\_\_\_\_\_  
 How did you hear about the club?

**Multiples:**

Names:	Birth dates or Due Date	Identical, Fraternal or Unknown	Boy(s) or Girl(s)

**Singletons:**

Names:	Birth dates or Due Date	Boy(s) or Girl(s)

**QCMOTC Big Sister Program matches up new moms with more experienced moms for support, advice and friendship.**

I would like to **BE a Big Sister** for a new member:      I would like to **HAVE a Big Sister** assigned to me:  
 Yes                      No                      (circle one)                      Yes                      No                      (circle one)

**Support Contacts**– I'd like to share my experiences with other members by being a resource person. I am willing to have people call me with questions about the following areas (circle all that apply)

- |                       |                |                          |                                   |
|-----------------------|----------------|--------------------------|-----------------------------------|
| Adoption              | Surrogacy      | Special Needs– Emotional | Twin to Twin Transfusion Syndrome |
| rest                  | Miscarriage    | Special Needs– physical  | Bed                               |
| Reflux                | Colicky Babies | Monoamniotic Twins       | Bottle Feeding                    |
| Stay at Home Dads     | Toxemia        | Postpartum Depression    | Single Moms                       |
| Singleton After Twins | Weaning        | C-Section                | Twins after Singleton             |
| Premature Birth       | Breast Feeding | Working Mothers          | Vaginal Birth                     |
|                       |                |                          | Other: _____                      |

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

- |                                 |                       |                  |
|---------------------------------|-----------------------|------------------|
| Meeting other moms of multiples | Playgroups            | Mom's Night Out  |
| Sharing Survival Tips           | Weekend Family Events | Monthly Meetings |