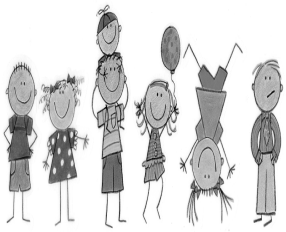
Membership Application
2009-2010



Omaha Parents of Multiples Club

Last Name_____

(**circle**) New Members or Renewing Members

Mailing Address_____

City _____

State _____ Zip_____

Home Phone _____ Cell Phone _____

Email_____

A. **Please mark one of the two options**:

☐ I would like to receive the monthly newsletter by U.S. Mail and will provide the extra $10.00 with my renewal fee to cover the costs for mailing and printing.

☐ I would like to receive the monthly newsletter by email.

☐ I prefer to go to the web site to view the newsletter on my own.

B. **Circle one of three types of multiples:** identical fraternal don't know

C. **Circle one of three**: twins triplets quads

Family Member Names (Mom & Dad too)	M/F	Due/Birth Date

The information above may be listed in our member directory and distributed to members. We may put the membership directory on the "members only" section of our website. This site is only accessible with our login and password. If you **DO NOT** wish to be listed in the directory, please initial here_____

Occasionally, we like to include pictures of our wonderful events and social activities in our monthly newsletter. If you **DO NOT** want pictures of your family published, please sign here _____.

Please complete page 2 of this application, too!

For Membership Officer Use:

☐ New Member ☐ Renewal Date _____ Check #_____

Amt._____ Received by _____ ☐ Packet Sent ☐ NOMOTC ☐ Welcoming

Please tell us some information about yourselves: (occupations, where you work, activities your family enjoys, etc)

_____
_____
_____
_____
_____

Would you be willing to…

1. Be a meal provider for our Food for Families program? You would occasionally be called on to deliver a meal to a family overwhelmed after the birth of their multiples.
   Yes_____ No_____ (Please check one)
   If "yes" where do you live? (i.e. Northwest Omaha, Papillion, etc.)
   _____

2. Be contacted by one of the following: (circle all that apply)
   Welcoming Playgroup

3. Help with OPMC special events? (Circle event(s) you are interested in): Fall Party, Holiday Party, Summer Picnic, Easter Egg Hunt, Spring Sale, Fall Sale, or New Member Events.

4. Provide ideas for monthly meeting speakers, Mom's/Dad's/Couples Night out activities, or playgroup/kid functions. Please list your ideas below. Thanks for your input!
   _____
   _____

5. Be a resource/support person to other members. Your name and number would be given to someone who has questions about one of the following topics. Please indicate what areas you have experienced and would be willing to talk to someone about.

☐ Bed Rest	☐ Pre-term labor	☐ C-Section
☐ Natural Childbirth	☐ Postpartum Depression	☐ Loss of an infant
☐ One at Home/One at Hospital	☐ Nursing Multiples/Difficulty Nursing	☐ Prematurity
☐ Eating Issues	☐ Illness/Surgery	☐ Cerebral Palsy
☐ Single Parenting	☐ Oxygen/Aprea monitors	☐ Developmental Delays
☐ Singleton Before/After Multiples	☐ Stay at Home Mom	☐ Stay at Home Dad
☐ Returning to Work	☐ Daycare	☐ Nannies
☐ Toilet Training	☐ Preschoolers	☐ Home schooling
☐ School aged Kids	☐ Adoption	☐ Infertility
☐ NICU	☐ Other _____	

(If you would like to receive input from another member on one or more of these topics please contact the club membership officer or our coordinator.)

Annual dues are $30 per family per year (membership is August 1 to July 31). NEW MEMBERS: If you are joining during the months of January 1-April 30, dues are prorated at the amount of $20. RENEWING MEMBERS: You are required to pay the full $30 no matter when you renew your membership.

Please mail with dues to:

Omaha Parents of Multiples Club
P.O. Box 241574
Omaha, NE 68124

Voice mail: (402) 978-4800
Website: www.omahaparentsofmultiples.org