



Main Line Mothers of Multiples Club 2009-2010 New Member Form

Please complete form below & make check payable to: "MAIN LINE MOMC."
Mail to: Membership-Main Line MOMs Club, c/o Lauren Plummer, 327 South Providence Rd, Wallingford, PA 19086
Call 610-892-7420 or email membership@mainlinemoms.com with questions

Name _____ Date _____
Address _____
City, State _____ Zip + 4 _____ - _____ Birth Date _____
Phone No. (_____) _____ Cell Phone (Will be published in the handbook.) (_____) _____
Email _____ I prefer to be contacted by (check one): Home Phone Email
Your Occupation _____ Are you a multiple? No Yes, Identical Yes, Fraternal
 Full time Part time Work at Home Stay at Home Mom
Partner's Name & Occupation _____ Partner's email _____

Multiples: Twins Triplets Quadruplets Other: _____
Gender of Multiples: Boys Girls Boy/Girl Other: _____
Zygosity: Identical (MZ) Fraternal (DZ) Not Sure Other: _____
Names of your Multiples: _____
Birth Date of your Multiples: _____ Weeks Gestation: _____
How many weeks pregnant were you when it was identified as a multiple pregnancy: _____

Siblings
Name _____ Birth Date/Due Date _____ Gender _____
Name _____ Birth Date/Due Date _____ Gender _____
Name _____ Birth Date/Due Date _____ Gender _____
Name _____ Birth Date/Due Date _____ Gender _____
Name _____ Birth Date/Due Date _____ Gender _____
Name _____ Birth Date/Due Date _____ Gender _____

PHOTO RELEASE: I hereby grant permission to the Main Line Mothers of Multiples club to use now or any time in the future my family's photographs and/or images for educational or publicity purposes pertaining to the mission of MLMOMs. I hereby give permission to MLMOMs to post these images on the MLMOMs website understanding that neither I, nor my minor children, will be identified by name in the photos. I agree I do NOT Agree. Signature _____ Date _____

Your dues include membership in: Main Line MOMC; Pennsylvania Organization of Mothers of Multiples Clubs; National Organization of Mothers of Twins Clubs, Inc.; and \$0.50 toward charity. You will also receive the local and National newsletters. All memberships from the previous Club year expire at the June banquet.

DUES: \$24 (\$27 after 7/10/09) \$ _____ Please indicate : CASH OR CHECK (# _____)

RESEARCH INFORMATION

How did you hear about our club? _____
Hospital where your multiples were born _____
Obstetrician's Name & Address _____
Pediatrician's Name & Address _____

May we have permission to give out information (anonymously) on this form for medical or market research? Yes No

On the second page, we are conducting a survey of the various issues members of our club may have faced during pregnancy of their multiples or during the first few years. This information can be used to support other members who shared these experiences.

Are you willing to be contacted by other members who are facing similar issues and looking for advice? Yes No

Is there a history of twins or triplets in your family? Yes No If yes, relationship to you & type of multiples _____

Did you take fertility drugs prior to multiples pregnancy? Yes No If yes, what type of drug & how long? _____

Did you undergo fertility procedures prior to multiples pregnancy? Yes No

If yes, what procedure: IVF GIFT IUI Other _____

PLEASE CHECK ANY ISSUES THAT YOU/YOUR CHILDREN HAD:

Pregnancy & Birth

- Pre-term Labor (At week? _____ Treatment? _____)
- Twin-to-Twin Transfusion
- Failure To Thrive in Utero
- Gestational Diabetes
- Interval Birth (born on separate days with an intentional delay.)
- Neonatal Unit (NICU) (How long? _____)
- Delayed Release From Hospital (you)
- Pre-eclampsia (What week? _____)
- In Utero Operation (What type? _____)
- Extensive Bed Rest (How long? _____)
- Special Diet during pregnancy (Why? _____)
- Preemies (less than 37 weeks gestation) (What week? _____)
- Low Apgar Score at Birth
- Did you suffer post-partum depression? Treatment? _____

Infant

- Home Monitoring (Type? _____)
- Colic
- Apnea
- RSV
- Hernia
- Eczema or Other Skin Problems (What type? _____)
- Delayed Development (What Type?)
- Surgery (What Type? What age?)

Ongoing

- Feeding Problems: Reflux: Age? _____ Medications? _____ Feeding Tube: Age? _____ Feeding Clinic: Age? _____
- Allergies: Seasonal: Age Diagnosed? _____ To What? _____ Peanut Allergy
- Other Food Allergies: Age Diagnosed? _____ To? _____ Other Allergies:
- Sleeping: Co-Sleeping: Age? _____ Age Slept Through The Night? Crib Escape Artists? Night Terrors?
- Multiples In Same Room Separate Bedrooms. Age? _____ Age Moved To Toddler Beds? _____
- Hearing & Ear Infections: Hearing Loss: Info? _____ Chronic Ear Infections Ear Tubes. Reason? _____
- Potty Training: Age Started Potty Training? _____ Trained Multiples Together Stool Retention Problems
- Age Completed Potty Training? _____ Train Multiples Separately Night Training Delay?
- Early Intervention: Audiology Health Services Occupational Therapy Physical Therapy
- Special Instruction Nutrition Services Other Special Needs (Type? _____)
- Schooling: Kept Multiples Together Separated Multiples
- If You Work Outside The Home, Who Is Your Primary Child Care Provider? Day Care Partner/Spouse Live In Nanny/Au Pair
- Nanny Other Family Member
- Other: Experience with Airplane Travel with Multiples: Age? _____
- Other Issues / Comments on Above: _____

CLUB INVOLVEMENT INFORMATION

Can you or your spouse assist the club through your expertise or business affiliations? If so, how? _____

We encourage you to participate in the Club's activities. Please check any committees with which you may be willing to help.

- Family Holiday Party
- Spring Egg Hunt
- Family Picnic
- Clothing Sales
- Phone Chain
- Internet/Web Design
- Message Board Moderator
- Social Events
- Annual Banquet/Basket Raffle
- General Meeting Room set up

Playgroups offer a great opportunity to get to know other club members and gain additional support.

- I would like to be contacted about weekday playgroups for the following ages: _____. Will you help coordinate them? _____
- I would like to be contacted about weekend playgroups.
- Please add me to the Summer Playgroup E-Mail list. During the summer, club members use this list to meet up with other members at area parks and attractions.

If you are interested in being a source of support to a member/prospective member please consider helping in the following ways:

- Big Sister* – Help a new member connect to the club by contacting her on a regular basis, answering questions she might have, and making sure she is aware of the different activities and resources the club offers.
- Pregnancy Mentor* – Help a prospective member during her pregnancy by answering questions and contacting her on a regular basis.
- Dinner Drive* – Help another MOM during times of need by volunteering to make a meal for the family. Depending on the number of volunteers and requests, you should expect to be contacted no more than once or twice per year.

- What type of family activities does your family enjoy?:
- Watching Soccer
 - Zoo
 - Aquarium
 - Circus
 - Theater
 - Watching Hockey
 - Watching Baseball
 - Museum
 - Amusement Park
 - Bowling
 - Putt-putt
 - Other: _____