



Clusters *Membership form*
Moms of Multiples

- NEW MEMBER** (mom of multiples)
- NEW MEMBER** (expectant mom of multiples / due date: _____)

Please complete the following:

Name _____ Your Birthday (month/day): _____

Address _____

City, St, ZIP+4 _____

Phone _____

Email _____

Spouse/Partner Name: _____

Multiples Names, Birthday and Gender: _____

Other Children (name and birthdays): _____

*Please let a Board member know when you have any changes
(address, phone, email, births, anniversaries) so we can keep our records current*

Dues are \$40 per year and are pro-rated depending on which month you join. Please contact the Membership Chair for your pro-rated dues amount. Dues must be paid if you wish to sell at the Clothing Sale or shop at the member time. No exceptions will be made.

PLEASE MAKE CHECKS PAYABLE TO CLUSTERS