



**Member Contact Information:**

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Your Birthday (month/day): \_\_\_\_\_

**Children's Information:**

I am currently pregnant with twins, due on (month/year): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

**Club Information:**

I am pregnant with twins (Stork member) and would like to be paired with a Mommy Mentor: Y N

I am interested in being a Mommy Mentor to a Stork member or new mom of twins: Y N

I am interested in participating in a playgroup with other members who have twins of similar age: Y N

I would be willing to occasionally supply meals to moms: Y N

I would be willing to bring treats to the general meetings: Y N

I would like to help on the Social Committee: Y N

I would like to help on the Resale Committee: Y N

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Membership Dues:**

\_\_\_ \$30 Full Membership (when joining July through February). State/Nat'l membership included.

\_\_\_ \$15 Membership (when joining March through June). State/Nat'l membership not included.

\_\_\_ \$27 Seasoned Mother Discounted Membership (twins must be 5 by 9/1/10)

\_\_\_ \$15 Secondary Membership (must be full paying member of another IMOTC club).

Club Name: \_\_\_\_\_

If you have questions, feel free to contact us through Kristin Paxton at [KristinPaxton@yahoo.com](mailto:KristinPaxton@yahoo.com). Checks should be made payable to **Double Blessings** and sent/given, **along with this form**, to:

Kristin Paxton  
0N457 Cloos Court, Winfield IL, 60190