



SAAMOM New Member Application

The San Antonio Area Mothers of Multiples (SAAMOM) dues are \$25.00 per year for members receiving the SAAMOM monthly newsletter by email and \$35.00 per year for members receiving the monthly newsletter by regular mail. Membership year runs February 1 to March 1 of the following year. SAAMOM membership entitles you to the SAAMOM monthly newsletter, *Multiple Issues*, and participation in all club activities and functions. Your dues also include membership at the state level, the Texas Mothers of Multiples (TMOM), and at the national level, the National Organization of Mothers of Twins Clubs, Inc. (NOMOTC). NOMOTC publishes bimonthly newsletter entitled *The Notebook* which is also included in your dues. Please make your check payable to SAAMOM and mail it to: SAAMOM, Atten: Membership PO Box 692032, San Antonio, TX 78269-2032.

Information about You...

Membership Status: New Member Renewal Today's Date: _____

Name _____ Birthday _____ Occupation _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone w/Area Code _____ Cell Phone w/ Area Code _____ Email Address _____

Publication Preferences...

Yes No SAAMOM has my permission to publish my name, address, phone number, email, and family's information in the **SAAMOM Newsletter**.

Yes No SAAMOM has my permission to publish my name, address, phone number, email, and family's information in the **SAAMOM Member Directory**.

Yes No SAAMOM has my permission to publish my name, address, phone number, email, and family's information on the **SAAMOM Website Members only section**.

Yes No SAAMOM has my permission to publish photographs of myself and my family in the SAAMOM Newsletter and on the **SAAMOM website Members only section**.

In order to be cost-effective, we ask that SAAMOM Members receive their monthly newsletter via email. Please list the email address which you would like your newsletter sent to: _____.
If you are unable to receive the newsletter via email, please include the additional \$10.00 fee and list the address which you would like the newsletter mailed: _____.

Information about Your Spouse/Partner...

Spouse/Partner's Name _____ Birthday _____ Anniversary _____ Occupation _____

Information about Your Children...

I am expecting or have: Twins Triplets Other _____ Due Date: _____
 Male Female Male/Female Unknown

Multiples Type: Unknown Fraternal Identical

Length of Gestation: _____ Weeks _____ Days

Children's Names	Gender	Birthdates
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	

Optional Information...

Yes No I am willing to share my experiences with other mothers in similar circumstances.

Neonatal Complications...

Check all that are applicable

- | | |
|---|---|
| <input type="checkbox"/> Low Birth Weight | <input type="checkbox"/> Respiratory Problems (<i>distress RDS, apnea monitors</i>) |
| <input type="checkbox"/> Intracranial Hemorrhage (<i>brain bleed</i>) | <input type="checkbox"/> Reflux/ tracheomalacia |
| <input type="checkbox"/> Twin-twin transfusion | <input type="checkbox"/> Congenital abnormalities (<i>birth defects</i>) |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Eye Complications/ Blindness |
| <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Other _____ |

Pregnancy Complications...

Check all that are applicable

- | | |
|---|--|
| <input type="checkbox"/> Incompetent cervix | <input type="checkbox"/> Placental problems (<i>previa, abruption, etc.</i>) |
| <input type="checkbox"/> Hyperemesis gravidarum (<i>excessive vomiting</i>) | <input type="checkbox"/> Iron deficiency anemia |
| <input type="checkbox"/> Gestational diabetes | <input type="checkbox"/> Postpartum depression |
| <input type="checkbox"/> Preeclampsia (<i>pregnancy induced hypertension</i>) | <input type="checkbox"/> Bleeding (<i>postpartum hemorrhage</i>) |
| <input type="checkbox"/> Extended bed rest | <input type="checkbox"/> Preterm labor |
| <input type="checkbox"/> Cesarean Section | <input type="checkbox"/> Other: _____ |

Talents, Hobbies, and Interests...

Check all that are applicable

I have experience/interest in ...

- | | |
|--|---|
| <input type="checkbox"/> Photography | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Publicity / Public Relations |
| <input type="checkbox"/> Website Maintenance | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Web Design | <input type="checkbox"/> Planning Parties/ Events |

Other areas of interest or ways in which you would like to become involved in our organization.

How did you learn about SAAMOM...

Check all that are applicable

- | | |
|--|--|
| <input type="checkbox"/> Physician (OB/ GYN or pediatrician) | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Phone Book |
| <input type="checkbox"/> Member (Current or former) | <input type="checkbox"/> Television or Radio |
| <input type="checkbox"/> Family Member or Friend | <input type="checkbox"/> Clothing & Equipment Sale |

Additional Information...

Please share any additional information that you would like us to know so the club might better serve you.
