

# GWINNETT MOTHERS OF MULTIPLES

## New Member Information Form

**Member Information:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Second Language \_\_\_\_\_

**Spouse Information:**

Name \_\_\_\_\_  
 Occupation \_\_\_\_\_

**Multiples Information:**

Name and birth weights:	DOB/Due Date	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many weeks did you carry? \_\_\_\_\_

Multiple Type:  Fraternal  Identical  Unsure

Are you interested in receiving a big sister for advice and any questions you may have? Y or N

**Sibling Information:**

Name	DOB	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about our club? \_\_\_\_\_

By signing this form you authorize GMOM to include your information in the club directory. \_\_\_\_\_

**Support Information:**

- Adoption
- Allergies (children)
- Bedrest \_\_\_\_ weeks
- Cervical Cerclage
- Contraction monitoring at home
- C-section
- Day Care/Nanny
- Early Intervention
- Feeding difficulties
- Fertility Treatments \_\_\_\_\_
- Full-term pregnancy
- Hospitalization \_\_\_\_ weeks
- Magnesium Sulfate
- Multiple Multiples
- Natural Childbirth
- Neonatal Complications \_\_\_\_\_
- Nursed \_\_\_\_ months
- Oral Brethane/Terbutaline
- Post Partum Depression
- Premature Delivery weeks
- Prenatal Complications \_\_\_\_\_
- Reflux
- Single Mom
- Special Needs Children \_\_\_\_\_
- Speech Delay
- Split Birth
- Stay at Home Mom
- T-pump
- Toxemia / Pre-eclampsia / HELLP
- Traveling Husband
- Therapeutic Amniocentesis
- Twin to Twin Transfusion
- VBAC Delivery
- Working Mom
- Other \_\_\_\_\_

**Membership dues are \$20.00 per year. Make your check payable to GMOM's and return it with this form to:**

**Niki Benson  
 1622 Leaf Wood Ct.  
 Lawrenceville, GA 30043**

Date Received \_\_\_\_\_ Check Number \_\_\_\_\_ Amount \_\_\_\_\_