

**RARITAN VALLEY MOTHERS OF MULTIPLES
2008-2009 MEMBERSHIP REGISTRATION
WWW.RVMOM.NET**

DATE: _____

Please check one and complete the form below if you are a new member or if there is any changes to last year's directory.

____ Renewing Member ____ New Member

Your and your husband's Name	
Email Address	
Home Address	
Home Phone Cell #	

*Please note, cell# is not required.

If you are pregnant with multiples, you are an Honorary Member. You have a choice of becoming a Full Member now or waiting until the babies are born.

Due Date: _____ Multiple Type: ____ Honorary ____ Full Member _____

Child's Name	Birthdate	Sex	Singleton or Multiple Type (twins/ID/Fraternal/Triples/etc...)
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	

How did you hear of RVMOMs and what would like to get out of RVMOMs?

**Please mail this form along with a check made out to RVMOM for \$30 to:
RVMOM, PO Box 6121, Bridgewater, NJ 08807**