

New Haven Mother's of Twins+ Association, Inc.

Check one: New member _____ Renewal _____ Year joined _____

Name: _____ Your birthday: _____

Significant other's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (____) _____

e-mail (to get the newsletter): _____

Twin Stats:

Your twins were born at _____ weeks gestation.

Type of Delivery (Circle): C-Section / Vaginal / Both

Did you experience pre-term labor?: Yes / No

Were you on bedrest?: Yes / No

If yes: At how many weeks? _____ Home or Hospital

Did you twins have to stay in the NICU?: Yes / No

If yes: How long before they came home: _____

Multiples		
Name	Gender & Identical/Fraternal	Due date or birth date
Singletons		
Name	Gender	Birth date or due date

Please provide all information, especially birthday so we can remember them in the newsletters.

Membership dues are \$30, payable to NH MOTA. Please bring this registration form with your check to the next club meeting OR send this form and dues to:

Cindy Garthwait
39 Sheffield Road
North Haven, CT 06473

Please call Jeanne (203-484-5060) with any questions regarding registration or this form. Please note that if your multiples have not been born yet, you do not have to pay your dues until they are.

(over)

New Haven Mother's of Multiples Organization Application

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Calling All Volunteers!!!!!!!!!!

Our organization has a long history of family-fun events throughout the year, which would not be possible without the unselfish help of our members. Please consider volunteering some of your time for at least one activity. The more volunteers we have, the less work we all have to do and still have a great time!

All parties already have a chairperson, they just need people to help them pull the event together.

Please check the activities that you may be interested in volunteering to help out with:

Children's Parties

_____ Halloween Party (Oct.)

_____ Holiday Party (Dec.)

_____ Easter Egg Hunt (Apr.)

_____ Family Picnic (summer)

Adult Events

_____ Clothing exchange (Oct. and May)

_____ Potluck Dinner Meeting (Dec.)

_____ Installation Dinner (June)

Ongoing

_____ Library

_____ Fundraising

_____ HelpLine*

List your areas of expertise for helpline: (for example, breastfeeding, sleep issues, potty training, biting, school issues, preemies, etc.)

* **HelpLine** is a program to assist our members with any child-related problems that they may be experiencing. We will publish the list of HelpLine Volunteers in the newsletters along with their areas of expertise so that if a member needs help, she can refer to the list and call someone for immediate support.