



Check us out at www.SOMNMOMS.org
 Or email us at sommomsmultiples@gmail.com
 Please mail your Payment and Form to:
 So. MN MOMS P.O. BOX 7391
 Rochester, MN 55903

MEMBERSHIP REGISTRATION

Please fill out the following info and return it, along with your dues, to the address at the bottom. Thanks!

Name:		
Date of birth: (mm/dd)	E-mail:	Phone:
Current address:		
City:	State:	ZIP Code:
Renewing Member: (year)	New Member: How did you hear about us?	Honorary/Lifetime Member? YES/NO
May we Publish Births, Birthday's, and anniversaries in our newsletter for your family? YES/NO	May we Publish Photos on our website and newsletter of club activities with you in it? YES/NO	May we Publish Photos on our website and newsletter of club activities with your family in them? YES/NO

****PLEASE SIGN HERE FOR ANY QUESTIONS YOU ANSWERED YES TO THE ABOVE:**

SPOUSE INFO /ANNIVERSARY INFO

Spouse Name:
Date of Birth: (mm/dd)
Anniversary: (mm/dd)

YOUR CHILDREN (MUTIPLES & SINGLETONS)

Name:
Birthday: (mm/dd/yy)
Name:
Birthday: (mm/dd/yy)
Name:
Birthday: (mm/dd/yy)
Name:
Birthday: (mm/dd/yy)
Name:
Birthday: (mm/dd/yy)
Name:
Birthday: (mm/dd/yy)

\$30 Yearly Dues-Includes e-mail newsletter, Facebook Page, and monthly meetings, & family events.	Would you like to add a tax deductible donation towards our scholarship fund? \$ _____	Total Enclosed \$ _____

Please do not let an inability to pay some or all of our dues keep you from joining us. Please let us know if you would like to be contacted regarding available scholarships. Check the box if you would like us to contact you for this availability.