

Central Valley Multiples Club Membership Information

To join, renew or update your membership, complete this form and mail it with your dues check (payable to "CVMC") to Central Valley Multiples Club, PO Box 26732, Fresno, CA 93729. **Membership dues are \$35 per year and due on September 1st.** (Dues are \$25 for families with school age multiples.)
 If you join the club any other time during the year, the dues are as follows. Aug-Oct: \$35 Nov-Jan: \$28 Feb-Apr: \$20 May-July: \$12

Date: _____ New Member Renewal Update Only Prospective Member

Name _____ Birthday (mo/day) _____

Street Address _____ City _____ Zip Code _____ Cross Streets _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____

Present Occupation (if any) _____ Company _____

Spouse's or Partner's Name _____ Spouse's Birthday (mo/day) _____ Anniversary (mo/day/year) _____

I am expecting or have: Twins Triplets Other (Due Date: _____)
 Boy(s) Girl(s) Boy/Girl Unknown
 Fraternal Identical Unknown

Bedrest? _____ Gestational weeks at birth? _____ Breastfeeding? _____
 Problems with your pregnancy or multiples? _____

| Children: | Gender | Birthday (mo/day/year) | Birth Weight (lbs. oz.) |
|-----------|--|------------------------|-------------------------|
| _____ | <input type="checkbox"/> Boy <input type="checkbox"/> Girl | _____ | _____ |
| Full Name | | | |
| _____ | <input type="checkbox"/> Boy <input type="checkbox"/> Girl | _____ | _____ |
| Full Name | | | |
| _____ | <input type="checkbox"/> Boy <input type="checkbox"/> Girl | _____ | _____ |
| Full Name | | | |
| _____ | <input type="checkbox"/> Boy <input type="checkbox"/> Girl | _____ | _____ |
| Full Name | | | |
| _____ | <input type="checkbox"/> Boy <input type="checkbox"/> Girl | _____ | _____ |
| Full Name | | | |

What do you wish to gain by joining CVMC?

Do you have any talents or experiences that could benefit the club or its members?

How can you contribute? Our club relies on member participation, so please check all possibilities!
 Playgroups Board/Leadership Meetings/Speakers Fundraising
 Meals Preemie/Bedrest Support Other: _____
 Social Events/Parties: ___Fall/Halloween ___Winter/Holiday ___Spring/Easter ___Summer/BBQ

How did you learn about CVMC?

Please check here if you wish to receive a hard copy of the newsletter in the mail.
 (Please note: Everyone will receive an electronic newsletter via email.)

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|----------------|--|
| For Office Use | Date Paid: _____ Amount Paid: _____ Cash _____ Check No. _____ |
|----------------|--|