



Charleston Area Mothers of Multiples

Membership Form

PLEASE COMPLETE USING MS WORD OR PRINT CLEARLY

Newsletter: Are you willing to receive the monthly newsletter via the Website *instead of* a paper copy?

No Yes If yes, please provide e-mail address to receive notifications: _____

Personal Information

Name _____ Birth Date: ____/____/____ (Month/Day format)

Spouse's Name _____ Birth Date: ____/____/____ Anniversary ____/____

Address _____ E-mail Address: _____

City, State Zip _____ Home Phone: _____

Do you work outside the Home? Yes No If yes, work phone: _____

Do you work FROM home? Yes No Occupation: _____

Occupation before children _____ Spouses Occupation _____

How did you hear about CAMOM? _____

Children's Information

(Types: Identical, Fraternal, Not sure, Singleton)

Name	Birthdate	Gender	Multiple	Type	Notes
	/ /	M F	Y N	I F N S	
	/ /	M F	Y N	I F N S	
	/ /	M F	Y N	I F N S	
	/ /	M F	Y N	I F N S	
	/ /	M F	Y N	I F N S	
	/ /	M F	Y N	I F N S	
	/ /	M F	Y N	I F N S	

Are you currently expecting? How many? _____ Sex(s) (if known): _____ Due Date: _____

CAMOM's membership year begins in August.

New members may join at anytime throughout the year, however dues are not prorated.

Renewing Members Dues are \$25 a year and include membership to the Palmetto State Parents of Multiples (PSPM) and the National Organization of Mothers of Twins Club (NOMOTC)

Please make check payable to CAMOM. Bring your check and form (if completed on paper) to the meeting or mail to:

CAMOM
P.O. Box 60297
North Charleston, SC 29419

Visit our CAMOM website: www.camom.org



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Getting to Know You

Information provided here is a fun get-to-know-you sheet. Information may be used in the newsletter or on the website.

Name _____

Hometown _____

College _____

Special Interests _____

How I spent my time before becoming a Mom: _____

How my husband & I met: _____

Something I am looking forward to: _____

What I learned upon becoming a Mother of Multiples: _____

How would you spend an entire day to yourself? _____

Our reactions when we found out we were having multiples: _____

How have I become like my Mother: _____

A little known fact about myself: _____

Best advise you were given: _____

The nicest thing someone has said to me regarding my multiples: _____

My favorite twin/triplet or more story: _____

Reason for joining CAMOM: _____



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Member Information & Support

For information and support purposes, please provide information regarding your pregnancy and your children. Please note, your privacy is important to us. Information collected here is for CAMOM use in determining demographics, interests, and providing support to members. Information is used exclusively for CAMOM, and will not be sold or shared outside of the Mothers of Multiples.

For member support purposes, Are you willing to talk with other members about these conditions? If yes, please check the second box (in addition to the first) for each condition.

Your name: _____

SAMPLE:

Check here if have Condition check here if willing to talk with other members about your experiences

Children

<input type="checkbox"/> Asthma <input type="checkbox"/>	<input type="checkbox"/> Heart Murmur PDA <input type="checkbox"/>	<input type="checkbox"/> Perinatal / Infant Loss <input type="checkbox"/>	Please List Other Conditions: _____ _____ _____ _____ _____ _____
<input type="checkbox"/> Blindness <input type="checkbox"/>	<input type="checkbox"/> Heart Murmur VSD <input type="checkbox"/>	<input type="checkbox"/> Reflux <input type="checkbox"/>	
<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/>	<input type="checkbox"/> Home monitors <input type="checkbox"/>	<input type="checkbox"/> Speech <input type="checkbox"/>	
<input type="checkbox"/> Closure of VSD <input type="checkbox"/>	<input type="checkbox"/> Hypospadias <input type="checkbox"/>	<input type="checkbox"/> Tonsillectomy <input type="checkbox"/>	
<input type="checkbox"/> Cranial Asymmetry <input type="checkbox"/>	<input type="checkbox"/> Jaundice <input type="checkbox"/>	<input type="checkbox"/> Torticollis <input type="checkbox"/>	
<input type="checkbox"/> Downs Syndrome <input type="checkbox"/>	<input type="checkbox"/> Jaundice home treatment <input type="checkbox"/>	<input type="checkbox"/> Tubes in Ears <input type="checkbox"/>	
<input type="checkbox"/> Feeding Problems <input type="checkbox"/>	<input type="checkbox"/> Lazy Eye <input type="checkbox"/>	<input type="checkbox"/> Vascular Ring <input type="checkbox"/>	
<input type="checkbox"/> Feeding Tubes <input type="checkbox"/>	<input type="checkbox"/> Low Glucose Levels <input type="checkbox"/>	<input type="checkbox"/> Visual Impairment <input type="checkbox"/>	
<input type="checkbox"/> Food Allergies <input type="checkbox"/>	<input type="checkbox"/> Nystagmus <input type="checkbox"/>	<input type="checkbox"/> Other <input type="checkbox"/>	

Pregnancy-Related

<input type="checkbox"/> Anemia <input type="checkbox"/>	<input type="checkbox"/> Post Partum Depression <input type="checkbox"/>	Please List Other Conditions: _____ _____ _____ _____ _____ _____
<input type="checkbox"/> Bedrest <input type="checkbox"/>	<input type="checkbox"/> Pre-Eclamsia <input type="checkbox"/>	
How long? _____	<input type="checkbox"/> Premature Birth <input type="checkbox"/> # of wks _____	
<input type="checkbox"/> Chlomid <input type="checkbox"/>	<input type="checkbox"/> Pre-Term Labor <input type="checkbox"/> # of wks _____	
<input type="checkbox"/> Gestational Diabetes <input type="checkbox"/>	<input type="checkbox"/> Reflux <input type="checkbox"/>	
<input type="checkbox"/> IUI <input type="checkbox"/>	<input type="checkbox"/> Terbutaline <input type="checkbox"/>	
<input type="checkbox"/> IVF <input type="checkbox"/>	<input type="checkbox"/> Twin-to-Twin Transfusion <input type="checkbox"/>	
<input type="checkbox"/> Ovarian Thrombosis <input type="checkbox"/>	<input type="checkbox"/> Vanishing Twin Syndrome <input type="checkbox"/>	
<input type="checkbox"/> Polycystic Ovaries <input type="checkbox"/>	<input type="checkbox"/> Other <input type="checkbox"/>	

Other Support / Discussion Topics you have experience with (and would be willing to be an "expert" for:

<input type="checkbox"/> Breast Feeding <input type="checkbox"/>	<input type="checkbox"/> Home Schooling <input type="checkbox"/>	<input type="checkbox"/> Potty Training <input type="checkbox"/>	<input type="checkbox"/> Traveling with Kids <input type="checkbox"/>
<input type="checkbox"/> Breast Pumping <input type="checkbox"/>	<input type="checkbox"/> Infertility Issues <input type="checkbox"/>	<input type="checkbox"/> Safety Devices <input type="checkbox"/>	<input type="checkbox"/> Triplet Mom <input type="checkbox"/>
<input type="checkbox"/> Camping with <input type="checkbox"/>	<input type="checkbox"/> Kids close in Age <input type="checkbox"/>	<input type="checkbox"/> Single Parent <input type="checkbox"/>	<input type="checkbox"/> Working-from-Home <input type="checkbox"/>
<input type="checkbox"/> Cloth Diapers <input type="checkbox"/>	<input type="checkbox"/> Large Family <input type="checkbox"/>	<input type="checkbox"/> Stay-at-Home Dad <input type="checkbox"/>	<input type="checkbox"/> Working-outside-home <input type="checkbox"/>
<input type="checkbox"/> Divorce Recovery <input type="checkbox"/>	<input type="checkbox"/> Moving with Kids <input type="checkbox"/>	<input type="checkbox"/> Stay-at-Home Mom <input type="checkbox"/>	<input type="checkbox"/> Other <input type="checkbox"/> (list other topics on reverse)

Additional Notes or comments:



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Member Interest & Participation Form

CAMOM is whatever we, the members, make it. Do you want a club rich in educational opportunities? Do you want a club with lots of social activities for moms and children? Would you prefer more adult activities – Moms’ nights out, or with spouses? Would you like a club with a strong state and local presence? Would you like a club that reaches out into the community and helps moms, children, and families? **Please take a few minutes to answer the questions below to help give our club direction in the way that it will best benefit you!**

Your name: _____

What CAMOM opportunities are Important to YOU?

- | | |
|--|--|
| <input type="checkbox"/> Board Meetings (Sunday following 2 nd Tuesday) | <input type="checkbox"/> New & Expectant Mom discussion group (11 a.m. – bring babies) |
| <input type="checkbox"/> Borrow books from club library | <input type="checkbox"/> Parent Socials (no kids) |
| <input type="checkbox"/> Breakfast with the Girls (weekday mornings, no kids) | <input type="checkbox"/> Playgroups in the Afternoon (M-F) |
| <input type="checkbox"/> Education and support on parenting | <input type="checkbox"/> Playgroups in the Morning (M-F) |
| <input type="checkbox"/> Education and support on pregnancy | <input type="checkbox"/> Playgroups on Saturday Afternoon |
| <input type="checkbox"/> Family Activities (Saturdays) | <input type="checkbox"/> Playgroups on Saturday Morning |
| <input type="checkbox"/> Family Activities (Weeknights) | <input type="checkbox"/> Read club newsletter |
| <input type="checkbox"/> Meetings (2 nd Tuesday, 7 p.m.) | <input type="checkbox"/> Selling at Clothing & Equipment Sale |
| <input type="checkbox"/> Mom’s Night Out (movies and/or dinner w/ no kids) | <input type="checkbox"/> Shopping at Clothing & Equipment Sale |
| <input type="checkbox"/> Mom-to-mom contact | <input type="checkbox"/> State Convention |
| <input type="checkbox"/> New & Expectant Mom discussion groups (7 p.m.) | <input type="checkbox"/> Support from other Moms |

What are you Willing to Give? Note, this is NOT about money. It is about ideas, talents and a little bit of time!

- Are you willing to pass out flyers promoting our Sale at your church, daycare, workplace, etc? Yes No
- Would you like to help PLAN our State Convention? We are hosting “Down by the Shore in 2004.” Yes No
- Would you like to ATTEND our State Convention? Yes No
- Do you have any ideas for Educational Programs for meetings? (parenting or family or womens issues) Yes No
 - For moms-to-be? (list on back of form) Yes No
 - For other moms or families in Charleston? (list on back of form) Yes No
- Are you willing to provide copies of pictures you take at club activities to the club? Yes No
- Do you like to scrapbook? Yes No
- Are you willing to contribute articles, funnies, and other info to the club newsletter? Yes No
- Are you willing to plan ONE club social function? Yes No
- Are you willing to plan ONE Moms Nights Out? Yes No
- Are you willing to coordinate playgroups and prepare the monthly calendar for the newsletter? Yes No
- Are you willing to hostess a playgroup at your house? Yes No
- Are you willing to be a contact-hostess for a playgroup at a park, restaurant or mall? Yes No
- Are you willing to serve as club librarian, making books available to members? Yes No
- Are you willing to write a book review on a book in our library for the newsletter? Yes No
- Are you willing to call a prospective member to say hello and welcome? Yes No
- Are you willing to make 3 reminder phone calls before club events? Yes No
- Are you interested in serving as contact person for information concerning the National Organization and keeping the club informed of national information, research, surveys, etc. Yes No
- Are you interested in CAMOM community service:
 - Donating baby & childrens items to children’s charities Yes No
 - Volunteering for children’s charities Yes No
 - Visiting Nursing homes Yes No
 - Making items for Newborns in Need Yes No
 - Volunteering time for women’s charities Yes No
 - Volunteering at soup kitchen Yes No
- Are you willing to post 5 flyers in public places mommies frequent? Yes No
- Are you willing to provide club info to your pediatrician, OB/GYN, and pediatric dentists offices? Yes No
- Are you willing to coordinate the above activities, and provide news releases and public service announcements to the media as needed to promote the club and its activities? Yes No
- Are you willing to call and offer support to moms on bed-rest or hospitalization? Yes No
- Are you willing to call a new mom once a week for 6 weeks after her delivery & offer support? Yes No
- Are you willing to provide a meal to a mom and family (in your area) after delivery of their multiples? Yes No
- Do you have an opinion on how CAMOM should spend its budget? Yes No