



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](http://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

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Hometown

College

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Special Interests

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How I spent my time before becoming a Mom:

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How my husband & I met:

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Something I am looking forward to:

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What I learned upon becoming a Mother of Multiples:

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How would you spend an entire day to yourself?

---

Our reactions when we found out we were having multiples:

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How have I become like my Mother:

---

A little known fact about myself:

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Best advise you were given:

---

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

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My favorite twin/triplet or more story:

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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"/>	

If not premature, # Weeks at delivery:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 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 <sup>nd</sup> 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 <sup>nd</sup> 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