



**OCEAN COUNTY MOTHERS OF MULTIPLES
Membership Form**

Name: _____ Date of Birth (M/D) _____

Husband's Name: _____ Date of Birth (M/D) _____

Address: _____

Phone # _____ E-mail _____

Cell # (if you want in directory) _____

Anniversary (M/D) _____ Joined OCMOM (M/Y) _____

Child's Full Name (First/Last)	Boy / Girl	Single / Fraternal / Identical	Date of Birth

Preference for receiving Newsletter: Hard copy by mail _____ \$10.00 additional fee
Check one Electronic mail _____

EVERY MEMBER INCLUDING LIFETIME MEMBERS MUST FILL OUT A RENEWAL FORM TO
RECEIVE NEWSLETTERS AND BE INCLUDED IN THE DIRECTORY.

COST: \$30.00 BETWEEN NOW AND JULY 31, 2015,
AFTER JULY 31, 2015 COST WILL BE \$35.00

Anyone receiving a printed copy of the newsletter must add \$10.00

DUES AND FORMS CAN BE RETURNED TO 1 ST V.P. AT A MEETING
OR MAILED TO HER AT:

OCMOM
P.O. Box 4804
Toms River, New Jersey 08754