



Multiple Blessings Membership and Renewal Form

Dues are \$25 a year. September 1- August 31. \$12 if joining after March 1.
Please send completed form and check payable to Multiple Blessings to:
Multiple Blessings, PO Box 4234, Mankato, MN 56001

PLEASE PRINT CLEARLY!

___ New Member ___ Renewal

Mom's Name (first/last) _____ Birthday _____

Spouse/Partner Name (first/last) _____ Birthday _____

Address _____ City/State/Zip _____

Best phone # (home/cell): _____ Email Address _____

At this time are you expecting: ___ singleton ___ twins ___ triplets ___ quads Estimated Due Date: _____

Would you be interested in mentoring a new member? ___ Yes ___ Not at this time

Why are you joining or rejoining Multiple Blessings? _____

If you are a new member, how did you hear about Multiple Blessings? _____

child's name (first & last) M/F birthday (month, day, year) singleton, identical, fraternal or unknown

child's name (first & last) M/F birthday (month, day, year) singleton, identical, fraternal or unknown

child's name (first & last) M/F birthday (month, day, year) singleton, identical, fraternal or unknown

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The following information is optional, but helps us better support our members.

Were you a participant in an infertility program? ___ Yes ___ No

Were you on bedrest? ___ Yes ___ No # of weeks at home? _____ # of weeks in hospital? _____

What week did you deliver your multiples? Week # _____

Did you deliver by: _____ C-Section _____ Vaginally _____ Both! _____ Adoption

Do any of your children have special needs? ___ Yes ___ No

Are you, or how long did you nurse your multiples? ___ Yes ___ No # of months nursed _____

Do you work outside of the home? ___ Full time ___ Part time

Anything else we should know about your pregnancy/birth? _____

I consent to the above information being used in the club directory/newsletter ___ yes ___ no

I consent to have photos of me and/or family published in the newsletter ___ yes ___ no

Name (signature) _____

Date _____

Thanks for being a member!