New Membership Form

Please return this form with a check for $20.00 made payable to GMOM or pay online using Big Tent.

Payment allows us to update our records for the upcoming year, ensures early admission to our Clothing Sale, and allows us to include your name, address, phone and other information in our membership directory. A $5 late fee will be assessed to any member renewing after August.

Please return to:

GMOM Membership
P.O. Box 465201
Lawrenceville, GA 30042

Member Information:

Name: _____ Date of Birth:_____

Address:_____ Home Phone: _____

Cell Phone: _____ E-mail:_____

Second/other Language/s:_____ Occupation:_____

Spouse Information

Name: _____ Date of Birth:_____

Address:_____ Home Phone: _____

Cell Phone: _____ E-mail:_____

Second/other Language/s:_____ Occupation:_____

Child Information (Please list ALL children, even if listed previously.)

Name (first and middle)	**Birth Date (Due Date)** (mm/dd/yyyy)	**Sex**	**Multiple Type** (identical/fraternal/unsure)	**Order of Multiples** (twins/triplets/etc.)

Support Information (Place an "X" next to each issue for which you are willing and able to provide support to other mothers.)

___Adoption
___Allergies
___Apnea Monitor
___Bed rest
___Cervical
___C-section
___Day Care/Nanny
___Early
___Fertility Treatments
___Full-term pregnancy
___Home Contraction Monitoring
___Hospitalization ____ weeks
___Magnesium Sulfate
___Multiple Multiples
___Natural Childbirth
___Neonatal Complications
___Oral Brethane/Terbutaline
___Post Partum Depression
___Premature Delivery ____ weeks
___Prenatal Complications
___Reflux
___Single Mom
___Special Needs Children
___Split Birth
___Stay at Home Mom
___T-pump
___Toxemia
___Traveling Husband
___Twin to Twin Trans.
___VBAC Delivery
___Working Mom
___Other _____

By signing this form you authorize GMOM to include your information in the club directory and secure on-line directory:_____

Date Received: _____ Amount: _____ Cash or Check #: _____