National Organization of Mothers of Twins Clubs, Inc. A Support Group for Parents of Twins and Higher Order Multiples

PROFESSIONAL AFFILIATE MEMBERSHIP/APPLICATION RENEWAL

	Membership year: 2013-2014		
□NEW	RENEWAL	Date	
Name			
Institution/Profession	nal Organization		
Title or Position			
Street Address			
City	State	Zip	Country
Telephone	E-mail Address		
If yes, check interes	t(s): Children's Topics Women's Topics Medical Educational	g opportunities within the	organization? Yes No
> BENEFITS OF ME	Other (List)	nterested Individuals:	
	Higher of Referral to NOMOTC R Information about NOM Discounted member rat Opportunity to submit of Opportunity to submit a	orts and surveys ement Booklet ent of Multiple Birth Childre Order Multiples esearch Librarian and S OTC publications and p e to NOMOTC annual copy to NOMOTC's Note	n in School: A Guide for Educators upport Services roducts onvention book
MEMBERSHIP ye	ar is August 1 to July 31.		
ANNUA	rable in U.S. funds, drawn or L DUES, Professional Affiliate L DUES, Professional Affiliate ATION FEE (one time fee)	e Member (U.S.)	\$30.00 \$80.00 \$30.00
☐Check enclosed (make check payable to NOMC		mount \$
RETURN APPLICATION TO	Executive Office, 20	NIZATION OF MOTHERS O 00 Mallory Lane, Suite 130-60 RITE BELOW THIS LINE	F TWINS CLUBS, Inc. (248) 231-4480 , Franklin, TN 37067
Date Rec'd		TIVE OFFICE USE ONLY	r# No Members