



OCEAN COUNTY MOTHERS OF MULTIPLES

Membership Form 2020 - 2021

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

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

Address: _____

Home Phone # _____ Cell Phone #: _____

E-Mail Address: _____

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

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

All OCMOM Newsletters will be sent electronically.

Would you like a printed directory? _____. *An on-line directory will be available in the "Members Only" section of our website.

We would like to be able post pictures of members and their families at events to promote our club, via our website, printed material, social media etc. Please read and initial the following statement, if you agree to let OCMOM use your photographs.

____ I give permission for OCMOM to use pictures of myself and/or my family members in printed material, on the OCMOM website and social media. If I do not want pictures of myself or family members to be used, I must inform the photographer prior to the picture being taken.

*Every member, including Lifetime Members, must fill out a renewal form each year to receive a newsletter and to be included in the directory.

Membership Dues: \$35.00 before July 31, 2020
\$40.00 starting August 1, 2020

*Checks will be held and deposited on 8/1/20

Dues and completed forms can be returned to the 1st VP at any meeting or mailed to:

Ocean County Mothers of Multiples
P.O. Box 4804
Toms River, New Jersey 08754