

# Central Coast Mothers of Multiples

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## Membership Form

Parents' Names \_\_\_\_\_

Parents' Birthday (No Year) Mom \_\_\_\_\_ Dad \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Names And Dob's Of Children (Include Siblings)

Name

Dob



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Chapter:

- South County
- San Luis Obispo /Los Osos/ Morro Bay
- North County

### Areas you'd like to help out:

- Newsletter Contribution
- Event/ Location Coordination
- Membership
- Mentoring
- Meals For New Moms

**Please include a check payable to CCMOM in the amount of \$20 for one year membership. Thank you!**