

Central Coast Mothers of Multiples

PO BOX 745, PASO ROBLES, CA 93447

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





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.

For more information, please contact the club president Amy Luera, 226-9095 or email lueraposse@hughes.net

Thank you!