

**Triangle Mothers of Twins and Triplets**  
  
**2009/2010 Lifetime Membership Renewal**  
 www.tmott.org

<b>Name</b>	
<b>Street</b>	
<b>City, State Zip</b>	
<b>Phone</b>	
<b>Partner's Name**</b>	
<b>Email Address</b>	

Please provide your email address so that you can receive TMOTT newsletters and announcements. To protect your privacy, we do not share email addresses with other organizations. Thank you!

**\*\*If your partner wants to be a TMOTT member, he/she must submit his/her own application and dues.**

<b>Multiples</b>	<b>Birth Date</b>	<b>Gender</b>	<b>Type</b>
		M F	Identical
		M F	Fraternal
		M F	Unknown
		M F	
<b>Other Children</b>	<b>Birth Date</b>	<b>Gender</b>	
		M F	
		M F	
		M F	
		M F	
<b>Expecting?</b>	Singleton	Twins	Triplets
			<b>Due Date:</b>

Please let us know if you **DO NOT** want any of the above information printed in the handbook or shared within TMOTT.

**As a Lifetime member we pay the National dues on your behalf. Please send in this application in order to keep your information updated and be considered a current member.**

Lifetime Membership Annual dues (8/1/09 - 7/31/10) are <b>\$0</b> .	<b>Dues:</b>	<b>00.00</b>
If you would like to make a donation to Member Services, please do so here.	<b>Donation:</b>	
"No Fuss" Fundraiser for our Operating Budget. If you would like to make a donation, please do so here.	<b>Donation:</b>	
<input type="checkbox"/> Would you like to be a Buddy?	<b>Total:</b>	

Questions? Contact Cyndi at [ctomblin@shgltd.com](mailto:ctomblin@shgltd.com) or (919) 576-2852

**\*\*Please have your Driver's License Number written on your check\*\***

Please return this form, and your check made payable to TMOTT to:

TMOTT  
 c/o Cyndi Tomblin  
 PO Box 31747  
 Raleigh, NC 27622