

# OKLAHOMA MOTHERS OF MULTIPLES, INC. MEMBERSHIP RENEWAL FORM

For your first submission of the 2009-2010 year, please provide the following information:

**CLUB NAME:** \_\_\_\_\_

Annual Dues: \$20 per year \$ \_\_\_\_\_

Individual Dues: \_\_\_\_\_ @ \$5/member \$ \_\_\_\_\_

TOTAL DUES REMITTED \$ \_\_\_\_\_

Club President: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Club Treasurer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Newsletter ChairMOM: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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



Please attach a listing of each new and/or renewing member's name, full mailing address, telephone number, and email address. Please mail the form, along with your club's check payable to OMOMs (as well as future member additions) to:

OMOMs Treasurer  
Carrie Larson  
18606 Stevens Rd.  
Shawnee, OK 74801

**Please note: The member's information listed above must be included with each payment to OMOMs. If member's information is not included, the payment will not be accepted.**