



# New York State Organization of Mothers of Twins Clubs

## Member Club Statistics and Dues ' ' \_\_\_\_ - ' ' \_\_\_\_

Check one: Renewal

New Club

Club's Name: \_\_\_\_\_ Year Founded: \_\_\_\_\_

Official Mailing Address: \_\_\_\_\_

Area Served: \_\_\_\_\_ Meeting Day & Time: \_\_\_\_\_

Meeting Place: \_\_\_\_\_ Newsletter Name: \_\_\_\_\_

Club Slogan: \_\_\_\_\_ Website Address: \_\_\_\_\_

Year club joined NYSOMOTC: \_\_\_\_\_ Member of Multiples of America: Yes  No

Month of Elections: \_\_\_\_\_

President: \_\_\_\_\_ Husband's Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

State Rep: \_\_\_\_\_ Husband's Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Newsletter Editor: \_\_\_\_\_ Husband's Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

**\*\* State Representative – Mail form and fees to the current Vice President \*\***

After July 15<sup>th</sup> – a late fee of \$5.00 applies for each month or portion of month in arrears

ANNUAL CLUB FEE (see below for club's size)		\$ _____
# MEMBERS as of JUNE 1 <sup>st</sup> _____	x \$0.25 each	\$ _____
INITIATION FEE (New Club only)	\$5.00	\$ _____
LATE FEE [Dues paid after July 15]	\$5.00 per each month/ or fraction	\$ _____
TOTAL ENCLOSED:	Club check paid to NYSOMOTC	\$ _____

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*For NYSOMOTC Use Only\*\*\*\*\*

Date received \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Date sent: Stats to President \_\_\_\_\_ Stats & Dues to Treasurer \_\_\_\_\_ Stats to Editor \_\_\_\_\_

Vice President's Signature \_\_\_\_\_