

Tri-County Parents of Multiples Club



**Membership Application
& Liability Release Agreement**

For Office Use

Date paid _____
 Amount \$ _____ Check # _____
 Entered in Roster _____
 Added to E-mail Distribution _____
 Yahoo Group Invitation Sent _____
 Filed in Membership Binder _____
 New Member Packet Distributed _____

TCPOMC Annual Membership Dues are \$40.00, renewable each August 1st. Our dues are pro-rated throughout the year, depending on which month you join. Join between August 1st-October 31st pay-\$40.00, November 1st -January 31^s pay \$30.00, February 1st- April 30th pay \$20.00, and May 1st-July 31st pay \$10.00. From the \$40.00 membership dues, \$9.00 goes towards your membership in the National Organization of Mother of Twins Club, and the remainder stays within our organization to cover membership in the Southern California Mother of Twins Club, various club projects and club activities. Please contact the V.P of Membership with any other questions.

Please send your membership applications and checks made payable to:

Tri-County Parents of Multiples Club

Att: Vice President of Membership

P.O. Box 2021

Chino Hills, CA 91709

*Name _____ *Birth date _____

*Address _____ City _____ Zip _____

*Telephone _____ Mobile (Optional) _____

*Spouse's Name _____ *Email _____

*Child's Name(s) & Birthdates: _____

Have you ever been a member of this or any other Multiples Club? Which group & when?

Do you work for pay or do volunteer work? If so, what do you do? _____

What are your hobbies or special interests? _____

How did you hear about TCPOMC? _____

We encourage every member to get involved with a committee. Please check what committee(s) you may be interested in volunteering for and then someone from our club will contact you with more information.

Newsletter Fundraising/Philanthropic Librarian Fieldtrips Special Events Website
 Family Support (Helping Hands) Big Sister Sunshine Scrapbooking Club Play Group Host
 Parents' Night/Mom's Out Dad's Night Out Advertising Publicity Garage Sale

**** See attached page for descriptions**

The information marked with an * may be included in the group roster or newsletter. Other information helps us plan future activities. If you have an idea for the group, please discuss it with a member of the Executive Board. All members must have a signed membership application and liability release form on file with TCPOMC.

I, THE UNDERSIGNED, UNDERSTAND THAT MY PARTICIPATION AND THE PARTICIPATION OF ANY MEMBERS OF MY FAMILY, IN ANY TRI-COUNTY PARENTS OF MULTIPLES CLUB (TCPOMC) FUNCTION OR PROGRAM IS COMPLETELY VOLUNTARY, AND WE HEREBY GIVE PERMISSION FOR MYSELF AND MY FAMILY TO JOIN IN THOSE FUNCTIONS OR PROGRAMS. MY FAMILY SHALL HOLD HARMLESS TCPOMC, ANY TCPOMC VOLUNTEERS OR REPRESENTATIVE, AND/OR PROVIDERS OF ANY FUNCTION OR PROGRAM LOCATION AND/OR MATERIALS FROM ANY LIABILITY AND/OR RESPONSIBILITY FOR ANY ACCIDENT, ILLNESS OR INJURY THAT OCCURS DURING OR AS A RESULT OF ANY FUNCTION OR PROGRAM. I ACCEPT THAT THE FINAL RESPONSIBILITY FOR MY SAFETY AND THAT OF MY FAMILY RESTS WITH ME.

Date: _____ **Signature:** _____