



P O BOX 96, RIDGEWOOD, NJ 07451  
 E: tmcofbc@gmail.com | W: www.bcmoms.org  
 MEMBERSHIP RENEWAL

**Dues: \$40.00**

2015-2016 Membrship Year

Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: NJ Zip Code: \_\_\_\_\_

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

Birthday: \_\_\_\_\_  Stay-At-Home  Work Part-Time  Full-Time

How did you hear about us? \_\_\_\_\_

**Multiples**  Twins  Triplets  Quadruplets  Identical  Fraternal  Adopted

Name	Sex	Date of Birth	Weight at Birth	Prematurity	Disabilities

**Singletons**

Name	Sex	Date of Birth

2nd VP	
AMT	
TYPE	
BigTent	

**Membership Dues are 40.00 for the year (October - Spetember).**

Membership is prorata starting in February 20.00

**Please make checks payable to: TMC of BC**

PO BOX 96 Ridgewood, NJ 07451

Membership Applications received in May will be applied toward the following dues year

I, (print name) \_\_\_\_\_, hereby grant permission to Twins' Mothers Club of Bergen County (TMC of BC), to take and use: photographs and/or digital images of me. These images might be included in printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of TMC of BC.

Signature \_\_\_\_\_ Date \_\_\_\_\_