# Membership Form (REV DEC 2015)

**First Name: _____** **Last Name: _____**

**Spouse: _____** **Phone: _____**

**Address: _____City_____Zip Code_____**

**Email: _____**

**Multiples Names and Birthdates/Due Date:** _____

_____

_____

**Siblings name(s) and birthdate(s):** _____

_____

_____

## Membership:

- **Included in your membership to Multiples of Hawaii**
  - You will be a member of Multiples of America (MOA), formerly known as the National Organization of Mothers of Twins Club (NOMOTC) and given access to their members only section of their website
  - You will receive the national MOA newsletter
  - You will be invited and may attend all MOH club meetings and events
  - Invitation to our members only events
- **Yes, I would like to become an Active Paid Member. Enclosed are my dues of $35.00**

## Please Read and Sign Below

Member grants MOH permission to use now or at any time in the future, his/her family's names, photographs and/or videotaped images for educational or publicity purposes pertaining to the mission of MOH, and will not receive compensation or royalties now or at any time in the future for the use of member's likeness. Member gives permission to MOH to post photographs of themselves, or their family, on the MOH website and on any social media.

Member also understands that by voluntarily participating in MOH events, activities, and programs, member hereby agrees to accept any and all inherent risks of property damage, bodily injury, or death. Member understands that member is responsible for researching and evaluating the risks that member, and his/her family, may face and member is responsible for member's actions. Member is also responsible for discussing such activities and risks involved with member's healthcare provider. If member brings a guest to participate in MOH events, member takes full responsibility of his/her guest and agrees to all above terms and conditions. Member further agrees to hold harmless MOH, its organizers, event hosts, and leaders from any claims, damages, injuries, or losses caused by member's own negligence while a participant in such activities.

Signature _____ Date _____

Office Use Only

Dues paid _____ Date _____ Cash/Check # _____ Entered in Member List _____