International Twins Association

A Social Group for Twins, Multiples, Surviving Multiples, Family & Friends

Annual Membership Form

www.intltwins.org
405-225-8829
secretaries@intltwins.org
Like us on **Facebook**

___ **Member** ___ *NEW* **Date:** _____

___ **Associate Member** ___ *RENEWAL*

Name: _____

Address: _____

City: _____ **State**: _____ **Zip:** _____ **Country**: _____

Cell: _____ **Home:** _____

Email: _____

Birth date: _____

Multiple's Name (s): _____

**Membership Cards will be given at the annual convention or sent by US Mail, if you do not attend.*

Please share how you found us- _____

DUES:

Members:

Infant-10 years	____	x	US $5.00/twin	=	$ _____
11-17 years	____	x	US $10.00/twin	=	$ _____
18 yrs & over	____	x	US $20.00/twin	=	$ _____
Associate Members:	____	x	US $20.00/member	=	$ _____

TOTAL PAID: $ _____

Mail completed form and payment to:
US Cash _____
US Check# _____
US Money Order# _____

International Twins Association
c/o Brenda Pritchett
5894 Colson Court
The Villages, FL 32163

Office Use Only:

Date Received: _____ By: _____ Membership Card: _____ By: _____

MT Updated/Flagged: _____ By: _____ QB Updated: _____ By: _____