



*New York State Organization Of
Mothers Of Twins Clubs
founded in 1966*

CLUB'S MONTHLY REPORT

This form should be completed by the State Representative and mailed to the State Vice President, immediately after each club's meeting. Some of the information provided may be printed in the column "As the Turtle Goes" which appears in the Presidential Papers.

Date _____

Official Club's Name _____

Report for the Month of _____ Meeting Date _____

Total Attendance _____ : Members _____ Prospective Mothers _____ Guests _____

State Rep's Name _____

Address _____ Phone _____

State Rep: Please provide information about the club's meeting and activities.

Comments or Questions: