

Health, Social, Community and Educational Associations

To avoid delays, please double-check information and print clearly.

Full Name of Association: _____
Description of Association: _____ _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Name & title of main contact person: _____
Telephone Number: _____ Fax: _____
Email Address: _____
If you have a website, what is your URL: _____

Sign us up to receive regular email updates from the MBC Business Office

We would prefer to receive Multiple Moments in: Print format or Electronic format*

*Electronic subscribers are notified by e-mail containing detailed instructions on how to access their issue in PDF format through a secure portion of the national website.

Membership with Multiple Births Canada

- \$100.00 – Annual fee for Association members:** Includes a listing in "*Multiple Moments: The Canadian Multiple Birth Family*" Magazine (4 issues), Annual Report and the conference programme. Associations will also receive an annual subscription to *Multiple Moments*, in print or electronic format.

**Please make cheque payable to Multiple Births Canada
and mail with this form to:**

Multiple Births Canada/Naissances multiples Canada Business Office
Box 432, Wasaga Beach, Ontario, Canada L9Z 1A4

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Expiry Date _____ Amount \$ _____ Receipt # _____

Entered: Database Local Chapter Multiple Moments Annual Report Conference Programme