

Business Member Application

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

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

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

Membership with Multiple Births Canada

\$250.00 – Annual fee for business members: Includes a listing in "*Multiple Moments: The Canadian Multiple Birth Family*" Magazine (4 issues), Annual Report and the conference programme. Local businesses will also receive a listing in the local Affiliate Chapter newsletter.

**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

FOR OFFICE USE ONLY

Expiry Date _____ Amount \$ _____ Receipt # _____

Entered: Database Local Chapter Multiple Moments Annual Report Conference Programme