

**K-W PARENTS OF MULTIPLE BIRTHS ASSOCIATION  
MEMBER INFORMATION SHEET**

Surname: \_\_\_\_\_ Mother \_\_\_\_\_

Surname: \_\_\_\_\_ Father \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_ I wish to receive my newsletter by e-mail

\_\_\_\_\_ I wish to receive my newsletter by regular mail

**Expectant due date:** (if applicable) \_\_\_\_\_ weeks gestation \_\_\_\_\_

**Age of Multiples:** \_\_\_\_\_

**Type of multiples:** \_\_\_\_\_ monozygotic (identical) \_\_\_\_\_ Di zygotic (fraternal)

\_\_\_\_\_ Twins \_\_\_\_\_ Triplets \_\_\_\_\_ Quadruplets \_\_\_\_\_ Quintuplets

**Name of Child**

**Date of Birth (y/m/d)**

**Male/Female**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

**Membership Fee**

\_\_\_\_\_ \$30.00 (September – August) \_\_\_\_\_ \$25 (January – August)

Memberships are renewed in September

**I would be interested in volunteering:**

\_\_\_\_\_ On executive board

\_\_\_\_\_ Occasionally as needed and available

\_\_\_\_\_ Maybe at a later time

I hereby acknowledge that K-W POMBA/Multiple Births Canada and its executive are not responsible for any injury or damages incurred by me or my family while attending any POMBA/Multiple Births Canada Function.

**Signature** \_\_\_\_\_ **Amount Received** \_\_\_\_\_

**Date** \_\_\_\_\_ **Received by** \_\_\_\_\_

Please bring this form and payment to general meeting or mail to:

K-W POMBA  
PO Box 48001  
Williamsburg Postal Outlet  
Kitchener, ON  
N2E 4K6