



MPOMBA

MISSISSAUGA PARENTS OF MULTIPLE BIRTHS ASSOCIATION

Providing support to families with multiples for over 25 years!

www.mpomba.com P.O. Box 42016, Mississauga, ON L5M 4Z4 info@mpomba.com

MPOMBA MEMBERSHIP APPLICATION *(Please PRINT clearly)*

Information About You

Parents Names: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

How would you like to receive the monthly MPOMBA Newsletter ? Email (PDF) Snail Mail

Information About Your Multiples

Are you having: Twins Triplets Quadruplets *If you are still expecting: Due Date: _____*

Names and Genders: _____

Date of Birth: (M/D/Y) _____ Identical Fraternal

Information About Your Other Children

Name and Gender: _____ Date of Birth: (M/D/Y) _____

Name and Gender: _____ Date of Birth: (M/D/Y) _____

Name and Gender: _____ Date of Birth: (M/D/Y) _____

The membership year is July 1st-June 30th. **MPOMBA annual membership fees are \$30. (Single Parent is \$25)**
If you are joining between January 15th to May 31st (NEW members only) membership fees are prorated to \$15.
PLEASE MAKE YOUR CHEQUE PAYABLE TO MPOMBA!!

PLEASE MAIL THIS FORM AND YOUR CHEQUE TO:
MELISSA LEBLANC
MPOMBA Membership Coordinator
2471 Towne Blvd
Oakville, ON L6H 6L3

After your application and cheque are received and processed, you will receive a welcome letter in the mail along with your membership cards. You will need these cards for access to our club discounts and access to our Spring & Fall Sales during member shop times.

By signing you agree to the terms and conditions of being a member of MPOMBA as outlined in the MPOMBA Constitution which is on the MPOMBA website www.mpomba.com

Signature _____

Date _____

FOR MPOMBA USE ONLY Amount Paid \$ _____ Cash Cheque Newsletter Cards