



MISSISSAUGA PARENTS OF MULTIPLE BIRTHS ASSOCIATION

MEMBERSHIP APPLICATION FORM

Parents Names: _____

Single Parent: Yes ___ No ___

Address: _____ City: _____

Postal Code: _____ Telephone Number: _____

Email Address: _____ Closest Major Intersection: _____

* Please note that your contact information may be made available to other members only in the secure section of the MPOMBA Web site, as a means of contacting one another. Please notify us if you wish some part of your information to be excluded from our listing.

Multiples: Twins Triplets Quadruplets Quintuplets Expecting? ___ When: _____

Names: _____

Birth Wgts: _____

Please indicate sex (if known): Boy(s): ___ Girl(s): ___ Identical: ___ Fraternal: ___

Multiples Date of Birth: _____ Gestation Period: _____ weeks

Hospital: _____ Doctor: _____

Delivery: Vaginal: ___ C-Section: ___ Both: ___

Names of Your Other Children:

(include last name if different from above)

Sex Birthdate (Month/Day/Year)

M F

M F

M F

M F

Any children with disabilities? Yes ___ No ___ If Yes, what type? _____

Have you suffered the loss of a child? _____

How did you find out about our Club? _____

Why did you join our Club? _____

Signature: _____ Date: _____

Annual dues are \$30.00 (July 1st - June 30th)

Information Phone Line: (416) 620-3470

Single Parent Family - \$25.00

(January 15th - May 31st, dues are prorated to \$15.00)

Please make cheque payable to MPOMBA and mail to:

**CORINNE GODINHO, MPOMBA MEMBERSHIP CO-ORDINATOR
2824 WESTBURY COURT
MISSISSAUGA, ON L5M 6B4**

FOR MPOMBA USE ONLY: Amount Paid: _____ Cheque: ___ Cash: ___ Date: _____