

**P.O. Box 2331
New Liskeard, Ontario
P0J 1P0**



Temiskaming Multiple Births

Affiliate Family Membership Application

This form is for individuals or families who are members of a Multiple Births Canada Affiliate Chapter. Your Chapter may opt to collect and submit national membership forms and dues on your behalf. Check with your Chapter Executive or contact the Business Office for more information.

Please print clearly. All prices are in Canadian dollars.

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Telephone: _____

Email Address: _____

Name of Affiliate Chapter: **TEMISKAMING MULTIPLE BIRTHS**

Expectant due date (if applicable) Weeks' gestation Age of Multiples ____

Type of Multiples:

- Monozygotic (identical)
 Dizygotic (fraternal)

- Twins
 Triplets
 Quadruplets
 Quintuplets

Other Children? How many? _____

Ages _____

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

I would like to enroll in the following Support Networks (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Higher Order Multiples | <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Loss of Multiples |
| <input type="checkbox"/> Lone Parenting | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Francophone |

I am interested in:

- | | |
|---|---|
| <input type="checkbox"/> Helping at TMB bingos | <input type="checkbox"/> Becoming a volunteer for MBC |
| <input type="checkbox"/> Mentoring other families | <input type="checkbox"/> Helping organize TMB events |

**Return form to P.O. Box 2331, New Liskeard, ON. P0J 1P0
Or fax to 705-647-8660**

SUPPORTING MULTIPLE BIRTHS TOGETHER