

**P.O. Box 2367
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):

Higher Order Multiples

Breastfeeding

Loss of Multiples

Lone Parenting

Special Needs

Francophone

I am interested in:

Helping at TMB bingos

Becoming a volunteer for MBC

Mentoring other families

Helping organize TMB events

**Return form to address above
Or fax to 705-647-8660**

SUPPORTING MULTIPLE BIRTHS TOGETHER