



PARENTS OF MULTIPLE BIRTHS ASSOCIATION HALIFAX REGION

MEMBERSHIP – NEW OR RENEWAL

PARENTS NAMES: _____

ADDRESS _____

PHONE NUMBER (& FAX NUMBER IF APPLICABLE): _____

EMAIL ADDRESS: _____ NEWSLETTER BY EMAIL: Yes _____ No _____

Include name/phone number on our membership phone list (for members use only)? Yes _____ No _____

MULTIPLES: TWINS: _____ TRIPLETS: _____ OTHER: _____

EXPECTING? _____ DUE DATE: _____ OR DATE OF BIRTH: _____

1. Child's name: _____

2. Child's name: _____

3. Child's name: _____

Singleton Birth Date Information:

1. Child's name: _____ Birth date: _____

2. Child's name: _____ Birth date: _____

3. Child's name: _____ Birth date: _____

Are you interested in volunteering some time to the club? _____ If so, what area are you interested in?

ANNUAL MEMBERSHIP FEES (**July 1st to June 30th**):

\$30/year – Family Membership*

\$15/year – Alumni Membership (**multiples over 12 years of age**)

* From January 1st – June 30th: Family memberships are prorated to \$15

Please make cheques payable to **POMBA – Halifax Region** and mail application to:

POMBA – Halifax Region
P.O. Box 44038
Bedford, NS B4A 3X5

Signature: _____

Date: _____

FOR CLUB USE ONLY:

Amount paid: _____

Date received: _____

Membership card sent: _____

Information added to database: _____