



# Townsville and District Multiple Birth Association

## MEMBERSHIP APPLICATION / RENEWAL FORM



Club membership is due annually at the end of March.

Mail To: **PO Box 1125, Aitkenvale QLD 4814**

### **NEW & EXISTING MEMBERS:**

*All fields marked with an asterisk (\*) must be completed.*

Year First Joined Club (*renewals only*): ..... \*Type of Membership: **Full / Associate**

\*Mother's Name: ..... Occupation: .....

\*Partner's Name: ..... Occupation: .....

\*Postal Address: .....

\*Email Address: .....

\*Phone Contact/s: ..... (*mobile*) ..... (*home*)

*Name of all Children	*M / F	*Date of Birth	Birth Weight

\*Would you like to receive the newsletter via email (in colour)? (*If yes, please fill out email above*) **Yes / No**

\*Do you give permission to publish names, birthdays and suburb in the club newsletter? **Yes / No**

\*Do you give permission to publish photos of your family members at club events in newsletters and on publicity information (*e.g. static display at expectant parent information sessions, club website*)? **Yes / No**

\***Signature:** ..... \***Date:** .....

Please advise the club if there are any alterations or additions to your details listed here, or if at any time you would prefer your details not be included in club publications. By completing the questions on this form you will enable the club to collect more accurate information for club records. Participation is voluntary. Participants may request at any time that their information be withdrawn. All original forms remain with the club. All due care is taken in the storage of these forms. At no time is any information contained on this form given to an outside source without the express permission of the participant. Access to data collected from the form is only available to committee members of the club. From time to time, AMBA National requests data from its member clubs. All due care is taken to ensure that no identifying data, such as names and addresses, are included with any information given to AMBA National.

### **NEW MEMBERS ONLY:**

\* **Twins / Triplets / Quads / Other** (*please specify*) .....

\* **Identical / Fraternal (Non-identical) / Not Sure / Combination** (*higher order*) .....

\*Conception Type: **Assisted Reproduction / Unassisted** \*Delivery Date (*if expecting*): .....

Hospital Name: ..... Type of Delivery: .....

Diagnosed at ..... weeks by: **Ultrasound Scan / Palpation / X-ray / Undiagnosed**

Duration of pregnancy ..... weeks

Initial Feeding Method: **Bottle Fed / Breast Fed / Combination**

Family History of Multiples? **Father's Family / Mother's Family / None / Not Sure**

\*How did you find out about our club? **Club Newsletter / Hospital Pack / Internet Search / GP / Obstetrician**  
**Other** (*please specify*) .....

#### **MEMBERSHIP TYPE**

Please tick option:

- \$40 Full Membership**
- \$20 Half Year**  
*(when joining after September)*
- \$15 Associate Membership**  
*(receiving club newsletter only)*

#### **HOW TO PAY**



##### **By Direct Debit (EFT):**

A/c Name: **Townsville & District Multiple Birth Association**

Bank: **Westpac**

BSB: **034 668**

A/c No.: **288 580**

Reference: **<type your surname>**



##### **By Mail:**

Please mail your cheque/money order & this form to:

**Townsville & District Multiple Birth Assoc**  
**PO Box 1125**  
**AITKENVALE QLD 4814**

Please email [treasurer@townsvillemultiples.com.au](mailto:treasurer@townsvillemultiples.com.au) after payment and a receipt will be forwarded to you.