



# TPOMBA Membership Registration/Renewal Form

New Membership     Renewal

## PARENTS

\_\_\_\_\_  
Surname                      First Name                      Surname                      First Name

## MAILING ADDRESS

\_\_\_\_\_  
Street    City    Postal Code

## EMAIL ADDRESS

**CHILDREN’S INFORMATION** – Include multiples and siblings. If due, indicate due date.

Given Name	Sex	Identical/Fraternal	Birthdate/Due Date

### Type of Membership

- Regular – One Year \$40
- Regular – Two Years \$70
- Bulletwin Newsletter Subscription Only \$25

### Cheques payable to: Toronto Parents of Multiple Births Association

**Send form and cheque to:**  
 TPOMBA  
 Membership Coordinator  
 c/o Regional Women’s Health Centre  
 Women’s College Hospital  
 790 Bay Street  
 Toronto ON M5G 1N9

### Payment by Credit Card

Visa    Mastercard \_\_\_\_\_

Expiry: Month \_\_\_ Year \_\_\_

Waiver: I agree that I will not hold the Toronto Parents of Multiple Births Association (TPOMBA) responsible for any injuries that may occur to me or any family member in conjunction with any TPOMBA event. I agree not to use any information pertaining to TPOMBA or its members for business or solicitation.

\_\_\_\_\_  
Signature    Date

Join or renew online at [www.tpomba.org/membership.htm](http://www.tpomba.org/membership.htm)  
 (A \$2 fee to cover the cost of processing online payments will be added at the check-out.)