TPOMBA MEMBERSHIP REGISTRATION / RENEWAL FORM

❑ New Membership ❑ Renewal

Parents:

_____ _____
Surname First Name

_____
Email address:

_____ _____
Surname First Name

_____
Email address:

_____
Mailing Address: Street City Postal Code

Phone number: _____

Children's Information: Include multiples and siblings. If due, indicate due date.

Given Name	Sex	Identical/Fraternal	Birthdate/Due Date

Type of Membership ❑ One Year $40
❑ Two Years $70

Cheques payable to: Toronto Parents of Multiple Births Association
Mail cheque and form to: TPOMBA, Suite #1176, 77 King St. West, T.D. North Tower, Toronto, M5K 1A0

Credit Card
❑ Visa ❑ Mastercard _____
Expiry: Month _____ Year _____

Online at tpomba.org/registration (A $2 fee to cover the cost of processing online payments will be added at the checkout.)

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