



Windsor Essex Country Parents of Multiple Births Association

Member Information Sheet & Registration Form

New Member Renewing Member: Member Since _____

Member's Name: _____ Maiden Name _____ Spouse's Name _____

Address: _____ Membership card for spouse? Yes No

City: _____ Province: _____

Postal Code: _____ Telephone: (_____) _____

E-Mail Address: _____

Expectant due date (if applicable) _____ weeks gestation _____ Age of Multiples _____

Type of Multiples: Monozygotic (identical) Dizygotic (fraternal) Unknown Twins Triplets Quadruplets

Do your children have any disabilities? Yes No Have you suffered a loss of one or more children? Yes No

Children's Name and Birth Dates (of all your children)

Name	Birthdate	Sex	Name	Birthdate	Sex

Can we share your phone number and email with other members? Phone: Yes No Email: Yes No

How would you like to be reminded about meetings and events? phone e-mail

How would you like to receive your newsletter? mail e-mail

Your Windsor-Essex POMBA membership includes membership with Multiple Births Canada and **CAN** include a subscriptions to *Multiple Moments*, the only national magazine for the Canadian multiple-birth family **at an additional cost.**

Option 1A - Membership with printed subscription of *Multiple Moments* and Report from National (+\$10)

Option 1B - Membership with electronic subscription of *Multiple Moments* and Report from National (+\$5)

(be sure to include your e-mail address above if you choose this option)

Please enroll me in the following Multiple Births Canada Support Networks:

High Order Multiples Breastfeeding Loss of Multiples Adult Multiples
 Lone Parenting Special Needs Francophone

How did you find out about this club.? _____

How can you contribute to P.O.M.B.A.? Social Events? _____ Baking? _____ Other? _____

What would you like to get out of this type of support group? _____

Do you have a special skill you can share with the members? Craft? _____ Service? _____ Activity? _____ Other? _____

Do you have or your spouse have a business you would like listed in our Newsletter? _____

Would you be able to volunteer for committees? (Social, New Moms, Nominating, Clothing Sale) _____

Would you be interesting in sharing a ride? Yes No If yes, indicate nearest intersection. _____

MEMBERS SUPPORT NETWORK: If you have experience with any of the following please check them off. If you need help with any of the following please circle:

Breastfeeding Extended Pumping Pre-maturity C-Section TTTS
 Pregnancy problems NICU Infertility Bed rest Induction
 Formula Feeding Loss Single Parenting Special Needs VBAC
 DNA testing Siblings close in age Colic Toilet Training
 Cord Blood Plastic Surgery Rashes Circumcision Epidural
 Adoption Amniocentesis Lactose Intolerance Child Proofing
 Allergy testing Other _____

Please fill out, and send cheque for \$30.00 plus optional 1A or 1B to:

POMBA

7515 Forest Glade Dr.
 Windsor ON N8T 3P5
 Attention: Membership Co-ordinator

Make cheque payable to POMBA. Your membership card will be mailed to you directly or can be picked up at a meeting.