



# Lower North Shore Multiple Birth Association

## Membership/Renewal Form (01/04/2017)

### New Membership

- \$ 60 - New Membership, expiration 30/6/2018
- \$100 - New Membership, expiration 30/6/2019
- \$ 30 - New Membership Part Year, expiration 30/6/2018 (only available between 1/10 and 31/3)

Please note: The additional fee for new members is to cover the cost of your New Members Pack and postage.

### Membership Renewal

- \$ 50 - Membership Renewal, expiration 30/6/2018
- \$ 90 - Membership Renewal, expiration 30/6/2019

### School-aged multiples

- \$ 35 - Membership Renewal, expiration 30/6/2018
- \$ 70 - Membership Renewal, expiration 30/6/2019

Parent 1 surname:		Parent 2 surname:	
Parent 1 first name:		Parent 2 first name:	
Parent 1 mobile phone:		Parent 2 mobile phone:	
Parent 1 occupation:		Parent 2 occupation:	
Address:			
Suburb:		State:	Postcode:
Home phone:			
Email address:			

Multiple Type: <input type="checkbox"/> twins <input type="checkbox"/> triplets <input type="checkbox"/> quads		40 week due date:	
Are your twins, or some of your triplets/quads identical		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about the Lower North Shore Multiple Birth Association		<input type="checkbox"/> existing member, <input type="checkbox"/> friends, <input type="checkbox"/> media, <input type="checkbox"/> doctor, <input type="checkbox"/> hospital staff, <input type="checkbox"/> LNSMBA hospital information night, <input type="checkbox"/> hospital multiple birth classes, <input type="checkbox"/> other multiple families, <input type="checkbox"/> early childhood health centre, <input type="checkbox"/> other, please specify _____	
Do you speak a language other than English		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify which language(s) _____			
Would you be willing to talk with another parent of multiples who speaks your language, should the need occur		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can we pass on your email address and phone number to the AMBA LOTE Officer		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interested in getting involved in the club or assisting at fundraising events? Please specify any areas of interest			
Would you like any specific information about the club or multiples			
Are you interested in learning more about the Australian Twin Registry and the research they do		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Later	

I agree to receive emails from LNSMBA as part of my membership	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to the publication of my families' names for acknowledgements, congratulations, children's birthdays etc. in the newsletter	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to the use of photos taken at club events on the website, Facebook covers, and in the promotional material, including but not limited to brochures and presentations	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to LNSMBA forwarding my name and address to AMBA national for the purpose of mailing out the bi-annual AMBA Magazine	<input type="checkbox"/> Yes <input type="checkbox"/> No
My name and email address can be shared with other multiple parents in the LNSMBA	<input type="checkbox"/> Yes <input type="checkbox"/> No



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*Children (multiples & their siblings). If you're renewing your membership, you only have to provide the details that have changed*

Surname	First Name	Date of birth	Gender

### AMBA & HUGGIES® 'FREE' Nappy Offer (Newborn & Infant nappies)

By joining an AMBA club you are eligible to receive a FREE\* convenience case of HUGGIES® Newborn or Infant Nappies valued at \$40, delivered to your door!

Please email [membership@lnsmba.amba.org.au](mailto:membership@lnsmba.amba.org.au) if you need more information about how to redeem your FREE nappies.

Membership Payment can be made by Direct Deposit, Cheque or Paypal

#### Direct Deposit Details:

BSB 062 104 Account 0090 1785

Account Name: Lower North Shore Multiple Birth Association

Reference: Parent's Surname, Parent's First Name

#### Cheque Details:

Please make cheques payable to "Lower North Shore Multiple Birth Association".

Post your cheque to: The Treasurer, LNSMBA, PO Box 717, Chatswood NSW 2057

#### Paypal Details:

[www.lnsmba.amba.org.au/membership](http://www.lnsmba.amba.org.au/membership) & click Membership Payment Options

Name of person completing the application:

\_\_\_\_\_ (Print name)                      \_\_\_\_\_ (Signature)                      \_\_\_\_\_ (Date)