MBFOM Registration Form for August 2017 – July 2018

Membership is open to any parent/guardian of multiple birth children

Please complete the following:

_____

Mother's name Father's name

_____

Address City Postal Code Phone #

E-mail_____

The newsletter will be e-mailed out unless otherwise stated.

Due Date: _____ Twins/triplets/more: _____

Zygosity of multiples (please circle one): Identical Fraternal Unknown

Families: Please list ALL your children and their birthdays. If surname is different than yours, please indicate clearly. Total number of children in family: _____

DOB	Name	Sex	DOB	Name	Sex
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

New Members:
Events will be held in addition to regular membership benefits.
How did you hear about us? _____

Mail completed form and payment of $25 to: MBFOM Membership
c/o Lisa MacLean
158 Peter Herner Bay
Winnipeg, MB R2V 4W5

* Cheques made payable to MBFOM
* The fee is reduced to $15 for NEW members who join AFTER February 1st. (New Year starts August 1st.)

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For use of Membership Coordinator:

Date Received Payment Amount Membership Number