



MBFOM Registration Form for August 2018 – July 2019

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: _____

Zygoty 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.)

For use of Membership Coordinator:

Date Received Payment Amount Membership Number

Email: info@mbfom.ca

Website: www.mbfom.ca

Facebook: MB Families of Multiples-Members Only