

WAVERLEY MULTIPLE BIRTH ASSOCIATION

Application for Membership

New
Application

Use this form to apply for membership for the current WMBA financial year from 1 April 2010 to 31 March 2011. The annual full membership fee is \$48. If joining between 1 October 2010 and 31 March 2011, please contact us at waverley.mba@gmail.com.au for the part-year membership fee.

PARENT/GUARDIAN DETAILS	Surname	Preferred Name	Occupation
Primary Parent or Guardian:			
Other Parent or Guardian:			
Address:			
Suburb:			Post Code:
Email:			
Phone (Home):		Phone (Other):	

CHILDREN'S DETAILS - Specific Information about your Multiples:				
Expected Birth Date: / /	Actual Birth Date: / /	Hospital:		
Twins - Identical / Fraternal / Unsure	Boy & Girl / Boy & Boy / Girl & Girl / Unsure			
Triplets/Quads - Describe combination:				
Details of ALL children in your family (multiples and singletons):				
Surname	Preferred First Name	Date of Birth	Gender (Male/Female)	Education Level (eg Kinder/School Year)

HELPING WMBA: Given WMBA is about parents supporting other parents, are you or someone in your family able to:	
<ul style="list-style-type: none"> ▪ Help on the committee or help the committee with its activities (eg publishing, fundraising, administration, accounts, artistic endeavours, etc)? 	Yes / No
<ul style="list-style-type: none"> ▪ Please list any other help you can provide (all help gratefully received): 	

PHOTOGRAPH PERMISSION: Do you give permission for Waverley Multiple Birth Association to:-	
<ul style="list-style-type: none"> ▪ Include your and/or your children's name(s) and/or photographs in Duette, the club's newsletter 	Yes / No
<ul style="list-style-type: none"> ▪ Include photographs of family members in other Club printed publications, e.g. brochures 	Yes / No
<ul style="list-style-type: none"> ▪ Include photographs of family members taken at club events on the club's website 	Yes / No

AUSTRALIAN MULTIPLE BIRTH ASSOCIATION (AMBA): Your membership fee includes membership with the National organisation.	
<ul style="list-style-type: none"> ▪ Register with the Australian Twin Registry to get regular updates on the latest on Multiples' research and activities. Call 1800 037021. 	
<ul style="list-style-type: none"> ▪ Would you like to register with State AMBA to be on a Publicity Register for multiples? Circle YES if you would like a registration form sent to you. 	Yes / No
<ul style="list-style-type: none"> ▪ Does a parent or child/ren in your family have a disability? Please indicate _____ Circle YES to be sent a registration form from AMBA National to receive extra support and to help others in the same situation. 	Yes / No
<ul style="list-style-type: none"> ▪ Are you fluent in another language? If so, which language: _____ Circle YES to be sent a State AMBA registration form to connect with and support others who speak the same language. 	Yes / No

Please complete all sections of this form and forward to **Membership Secretary, Waverley Multiple Birth Association, PO Box 185, Mulgrave, 3170.**

Payment Amount: \$ _____ **Date:** ___/___/___

Payment Method (circle) Cash Cheque Direct Deposit

* Cheques payable to 'Waverley Multiple Birth Association'
* Direct Deposit to Waverley Multiple Birth Assoc, Commonwealth Bank, BSB 063-182 and Account No 009 03342, using your SURNAME as a reference

Please accept our application for membership to Waverley Multiple Birth Association. We have completed this form and are forwarding payment as indicated.

_____ / ___ / ___
(Primary Parent/Guardian)

_____ / ___ / ___
(Secondary Parent/Guardian)

OFFICE USE:		
Receipt number	Receipt Sent	AMBA Forms Sent
Membership Number	Membership Details Updated After Birth	Antenatal Package Sent
		Membership Card Sent

WMBA respects the privacy of individuals and the information provided on this form is used by WMBA and AMBA for matters relating to family support and other services provided by these organisations. It is not made available to any other organisations, unless legally required to do so.