

Please complete this form and return it with your membership fees:
 \$35.00 1st April-31st March
 \$25.00 1st Oct- 31th March



Post to:
 CCMBBA
 PO Box 3830
 Tuggerah
 N.S.W 2259

CCMBA Membership Application

Name of Parent 1: _____

Name of Parent 2: _____

Address: _____

Telephone: _____ Mobile: _____

E-Mail: _____ Date: _____

Please complete the following section if you are an expectant parent...

Are you expecting... Twins? Triplets? Quads?

How many weeks pregnant are you? _____ Expected date of delivery _____

Which hospital are you booked into? _____

Would you be interested in a hospital visit from a parent of multiples? _____

Please complete the following section if you are a parent of multiples...

Do you have Twins Boy/Girl Boy/Boy Girl/Girl Identical?

Triplets B/B/B G/G/G B/B/G G/G/B

Other, details: _____

Details of your children (please complete for ALL children):

Name: _____ Gender: ___ Date of Birth: _____

Name: _____ Gender: ___ Date of Birth: _____

Name: _____ Gender: ___ Date of Birth: _____

Name: _____ Gender: ___ Date of Birth: _____

Name: _____ Gender: ___ Date of Birth: _____

How did you find out about us? _____

Would you like to receive the AMBA magazine? Yes No

Can we contact you via the above email address? Yes No

Payment Options...

- Cheque made out to: Central Coast Multiple Birth Association
- Direct Deposit:- **Account Name:** Central Coast Multiple Birth Association

BSB: 112-879 **Account Number :** 410601896

Your Reference: Parents' Full Name

PLEASE REMEMBER TO RETURN THIS FORM EVEN IF YOU PAY VIA DIRECTBANK DEPOSIT.