



CANBERRA AND REGION
MULTIPLE BIRTH ASSOCIATION
(CARMBA)
MEMBERSHIP APPLICATION

CONTACT DETAILS

Mother's surname	First name
Father's surname	First name
Home address	Postcode
Postal address	Postcode
Telephone number (home)	Telephone number (work)
Telephone number (mobile)	Email address

DETAILS OF MULTIPLES

If not born yet – Expected date of confinement: Would you like to receive visit from one of our committee members after the birth of your multiples? If yes, what is your preference?	Are you expecting: Twins <input type="checkbox"/> Triplets <input type="checkbox"/> More <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/>
If already born – Names of multiples 1. 2. 3.	Male <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth Date of Birth Date of Birth

DETAILS OF OTHER CHILDREN

Please give full names and birth dates of other children in the family. All children have their birthdays acknowledged in the CARMBA newsletter *Two Up* (unless you do not consent, see next page under Privacy Act).

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth
Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth
Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth
Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth
Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth

HOW DID YOU FIND OUT ABOUT CARMBA?

Doctor Health Centre Yellow Pages Internet Friend Other (please specify) _____

AUSTRALIAN MULTIPLE BIRTH ASSOCIATION MAGAZINE

Would you like to receive copies of the Australian Multiple Birth Association Magazine? Yes No

CLUB INVOLVEMENT

Would you consider taking on a committee position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Just Yet <input type="checkbox"/>
What position would best suit you?			
Are you interested in helping CARMBA? If Yes, in what area(s):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Just Yet <input type="checkbox"/>
<input type="checkbox"/> <i>Children's Activities</i>	<input type="checkbox"/> <i>Social Activities</i>	<input type="checkbox"/> <i>Hosting Coffee Mornings</i>	
<input type="checkbox"/> <i>Two Up Newsletter/Articles</i>	<input type="checkbox"/> <i>Advertising/PR</i>	<input type="checkbox"/> <i>Computer Work / Clerical</i>	
<input type="checkbox"/> <i>Library</i>	<input type="checkbox"/> <i>Support (please specify) _____</i>		
<input type="checkbox"/> <i>Area Rep</i>	<input type="checkbox"/> <i>Other (please specify) _____</i>		

ELECTRONIC VERSION OF TWO UP

Would you like to be on a mailing list for updates and changes of venues and dates for CARMBA events and activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, would you prefer to receive your <i>Two Up</i> newsletter (in full colour) via email (downloaded link) rather than a posted version?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you would, please enter your email address (if not listed above): _____		

HELPFUL HINTS BOOKLET

CARMBA has compiled a collection of tried and true hints collected by parents of twin and triplets to help other parents of multiples. This booklet contains information on preparing for the arrival of your multiples and suggestions for coping with everyday life with them.

MEMBERSHIP FEES

The membership year is from April 1 to March 31. Yearly Membership is \$40. If you join from April 1 to September 30 the fee is \$40, from October 1 to January 31 the fee is \$20 and from February 1 to March 31 there is no fee. There is a once only joining fee of \$6.00. **If applying and paying online, please contact the 'Contact Officer' to receive an information pack (1300 859 322 or contact@carmba.org.au).**

FEE SCHEDULE: (PLEASE TICK)		April 1 to September 30	October 1 to January 31	February 1 to March 31	Health Concession
<input type="checkbox"/> Membership Fee (choose from the table)					
<input type="checkbox"/> Joining Fee (for new members)	6.00	\$40.00	\$20.00	\$0.00	\$20.00
<input type="checkbox"/> Helpful Hints Booklet	6.00				
TOTAL AMOUNT:					

HEALTH CARE CONCESSION

Health Care Card No: _____ Expiry Date: _____

For EFTs or direct deposits. Please complete the details below so your deposit can be receipted:

I have paid \$_____, to the CARMBA St George account, BSB 112 908, Acct No. 040 007 223, under the surname _____ on the ____/____/____.

Please make cheques payable to: Canberra and Region Multiple Birth Association Inc.
and post to: PO Box 1162, WODEN ACT 2606

PRIVACY ACT: I DO I DO NOT

Consent to any information relating to the birth of my multiples or any member of my family being published in the CARMBA newsletter, *Two Up*.

Signature/s *Date*

FOR OFFICE USE ONLY:			
Amount received: \$ _____	Date received: ____/____/20____	Receipt no.: _____	
<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	Bank: _____	Cheque no.: _____	