



# TPOMBA MEMBERSHIP REGISTRATION / RENEWAL FORM

New Membership       Renewal

Parents:

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Surname    First Name    Surname    First Name

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Mailing Address: Street    City    Postal Code

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Email address

Children's Information: Include multiples and siblings. If due, indicate due date.

Given Name	Sex	Identical/Fraternal	Birthdate/Due Date

**Type of Membership**       One Year \$40  
 Two Years \$70

**Cheques** payable to: Toronto Parents of Multiple Births Association

Send form and cheque to:  
TPOMBA  
c/o Membership Coordinator  
Suite #356  
104-1920 Ellesmere Road  
Toronto, ON M1H 3G1

**Credit Card**

Visa       Mastercard      -----

Expiry:      Month ----- Year -----

**Online** at [tpomba.org/registration](http://tpomba.org/registration) (A \$2 fee to cover the cost of processing online payments will be added at the checkout.)

Waiver: I agree that I will not hold the Toronto Parents of Multiple Births Association (TPOMBA) responsible for any injuries that may occur to me or any family member in conjunction with any TPOMBA event. I agree not to use any information pertaining to TPOMBA or its members for business or solicitation.

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Signature

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Date