

# ILLAWARRA SOUTH COAST MULTIPLE BIRTH ASSOCIATION



**Application for membership 2017/2018** (form to be used to 31/08/17 only)

Complete this form to start or renew membership with ISCMBA for the period 1/1/17 - 28/02 /18

**Note:** This version of the form should only be used to 31/08/17 If you are completing it after this date, please contact ISCMBA.

## 1 Name(s) of applicant(s)

<b>Applicant 1</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	
Surname	
Given name(s)	

<b>Applicant 2</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	
Surname	
Given name(s)	

## 2 Current child(ren)

Surname	Given name(s)	Date of birth	Gender
			M <input type="checkbox"/> F <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>

## 2 Contact details

Address	
	postcode
Landline	
Mobile	
E-mail	

**3** You can receive your ISCMBA newsletter by email or in hardcopy by the post. Choosing to receive the newsletter by email costs less.

I would like to pay...

**\$40** and receive newsletters by email ☐

**\$55** and receive newsletters by post ☐

**4** Is this a renewal of membership?

No ☐

Yes ☐ Go to 8.

**5** Is the mother currently expecting multiples?

No ☐

Yes ☐ Twins ☐ Triplets ☐ Quads ☐

Due date Hospital

--	--

**6** How did you find out about ISCMBA?

--

**7** Would you consider writing an article for the ISCMBA newsletter?

No ☐

Yes ☐

**8** We often take photos of the children at ISCMBA events and publish them in our newsletter, etc. Do you authorise the publishing of photos of your child(ren)?

No ☐

Yes ☐

**9** The Australian Twin Registry (ATR) occasionally sends our members information and contacts them to participate in research. Do you allow ISCMBA to pass on your details to the ATR?

No ☐

Yes ☐

**10 Signature**

**Date**

--	--

### Sending the completed form

Post this form to Membership Co-Ordinator, C/- PO Box 417, Unanderra 2526, or scan & email it to [membership@iscmba.org.au](mailto:membership@iscmba.org.au)

### Making payment

By direct deposit to Horizon Credit Union, Wollongong, BSB: 802124, A/c no: 68272, A/c name: Illawarra South Coast MBA (**Please note your full name as reference.**)

By cheque payable to: Illawarra South Coast MBA and mail to: The Treasurer, C/- PO Box 417, Unanderra 2526

### OFFICE USE ONLY

Date received	
Receipt no.	
Buddy allocated (name)	
Co-ordinator notified	<input type="checkbox"/>
Welcome pack sent	<input type="checkbox"/>