



New Membership Application

The Parents of Multiple Births Association (POMBA) – Halifax is a non-profit organization of parents and guardians of multiple birth children serving all of Nova Scotia. Our purpose is to provide moral support to families dealing with the unique challenges and joys of raising multiples.

ONLINE REGISTRATION AVAILABLE AT www.pomba.ca

Are you or someone you know interested in becoming a POMBA member?

- Membership fees:
 - Family: \$35 per year, renewable July 1
 - Membership is pro-rated to \$15 if you join between January 1 and June 30
 - Single Parent: \$30
 - Out of Town (more than 100 km from HRM): \$30
 - Alumni (multiples over 10): \$20
- Memberships expire **June 30th** regardless of when payment is made.
- Questions regarding membership may be directed to our Membership Coordinator – membership@pomba.ca

Please fill out this membership application form and mail it along with a cheque (payable to POMBA) to:

POMBA
PO Box 44038
Bedford, NS B4A 3X5

Please complete all pages of the application form.

Mother's First and Last Name: _____

Spouse/Partner's First and Last Name: _____

Address: _____

Town/City: _____ Province: _____

Postal Code: _____ Telephone: _____

Email: _____

Expected/Actual Date of Delivery (if expecting): _____ Weeks Gestation: _____

Type of Multiples (B – boy; G – Girl)

- Twins: BB GG BG Unknown
- Triplets: BBB GGG BBG GGB Unknown
- Quadruplets: BBBB GGGG BBBG BBGG BGGG Unknown
- Identical Fraternal Fraternal & Identical Unknown

Please list ALL of the family's children's genders and birthdates:

Name	Birthdate

Name	Birthdate

Support Networks

I would like to enroll in the following networks (check all that apply)

- Higher Order Multiples
- Loss of Multiples
- Francophone
- Breastfeeding
- Lone Parenting
- LGBTQ
- Fathers
- Special Needs
- Preterm Births

Volunteering

Are you interesting in volunteering sometime to POMBA? Do you have any special skills or resources that we can call on? Please let us know:

I consent for POMBA to provide my information to Multiple Births Canada to receive access to their private member's benefits including: member's only resources, national discount list and access to their social media site.

- Yes No

I consent for POMBA to email me newsletters and/or bulletins via email:

- Yes No if yes, email address: _____



PHOTO RELEASE FORM

Parents of Multiple Births Association - Halifax

Permission to Use Photographs

I grant **POMBA** and its representatives and employees the right to take photographs of me and my family members at all **POMBA Events**.

I authorize **POMBA**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **POMBA** may use such photographs of me and my family with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

If you choose not to sign the Photo Release Waiver Form, it is the member's sole responsibility to notify any photographer at events that you do not give your permission to have you and your family members' photo taken.