

| Main Member Information   |                 |  |               |          |
|---|-----------------|--|---------------|----------|
| Title   | First Name      | Surname  |               |          |
| Residential Address   |                 |  |               |          |
| Suburb  |                 | State  | Post Code     |          |
| Home Phone  |                 | Mobile Phone   |               |          |
| Email (Please write in UPPER CASE)  |                 |  |               |          |
| Occupation  |                 |  |               |          |
| Postal Address (if different from above)  |                 |  |               |          |
| Suburb  |                 | State  | Post Code     |          |
| Partner Information   |                 |  |               |          |
| Title   | First Name      | Surname  |               |          |
| Relationship  |                 | Occupation   |               |          |
| Email (Please write in UPPER CASE)  |                 |  |               |          |
| I would / would not like to receive emails  |                 | I would / would not like to join the Dads Only Facebook page |               |          |
| Home Phone  |                 | Mobile Phone   |               |          |
| Multiples' Information  |                 |  |               |          |
| Due Date (estimate)   |                 | or Date of Birth   |               |          |
| Weeks Gestation   |                 | Hospital   |               |          |
| Twins   |                 | Triplets   | Quads         | Other    |
| Identical   |                 | Fraternal  |               |          |
|   |                 | Combination (HOM Only)                                       |               |          |
|   | First Name      | Family Name  | Weight        | Boy/Girl |
| 1   |                 |  |               |          |
| 2   |                 |  |               |          |
| 3   |                 |  |               |          |
| Details of Other Children   |                 |  |               |          |
|   | First Name      | Family Name  | Date of Birth | Boy/Girl |
| 1   |                 |  |               |          |
| 2   |                 |  |               |          |
| 3   |                 |  |               |          |
| 4   |                 |  |               |          |
| Membership Fees & Payment Options   |                 |  |               |          |
| <b>Bank Transfer - BSB: 065 149 ACC: 1029 2717 Acc Name: Multiple Birth SA</b><br>(please quote your surname as reference.)   |                 |  |               |          |
| <b>Cheque</b> made payable to Multiple Birth SA Inc.  |                 | <b>Cash</b> in office or at an event                         |               |          |
| 1 year  | \$40 full rate  | \$35 concession  |               |          |
| 2 years   | \$75 full rate  | \$65 concession  |               |          |
| 5 years   | \$150 full rate | \$130 concession   |               |          |
| 1 Yr Schoolies \$20 (email magazine only) This membership is only available if at the time of joining your twins/triplets are over the age of five (5). No further discounts are available.     |                 |  |               |          |
| Privacy Agreement   |                 |  |               |          |
| We give permission for MBSA to print our family's given, surname and suburb in the Multiple Mag. This would include welcome, birth and expectant parent notices, birthday lists, social photos. |                 |  |               |          |
| Agree   |                 | Disagree   |               |          |
| Please be aware that a copy of each magazine is sent to the State Library for record keeping, this is available to the public   |                 |  |               |          |
| The MBSA magazine is emailed by default, however if you wish to have it posted instead please tick this box <input type="checkbox"/>  |                 |  |               |          |
| How did you hear about MBSA?  |                 |  |               |          |
| Signed:   |                 |  | Date:         |          |
| Office Use Only   |                 |  |               |          |
| Date Received   |                 | Received by  |               |          |
| Membership Number   |                 | Receipt Number   |               |          |