

# MEMBERSHIP APPLICATION FORM

FOR PERIOD 1 APRIL 2017 – 31 MARCH 2018



**camba**

camberwell area multiple birth  
association incorporated

www.camba.amba.org.au e: membership@camba.amba.org.au  
t: 0434 648 963 PO Box 1287 Camberwell, VIC 3124

## MEMBER DETAILS:

Family Name:

Member's Name:

Partner's Name:

Postal Address:

Contact Number:  Email:

Language (other than English) spoken at home:

Would you like to go onto the LOTE register to assist other families of multiples who speak your language? Yes  No

## FAMILY DETAILS: (All children please, not just multiples)

(Surname)	(Given Name)	(Gender)	DOB (day/mth/yr)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>

## PREGNANCY DETAILS: (if applicable)

Due date (40 weeks):  How many weeks are you now?  Estimated date of arrival:

Into which hospital are you booked?  How many?  Twins  Triplets  More

Are your multiples identical or fraternal?  Identical  Fraternal  Unsure

## OTHER INFORMATION:

Do you/partner have any "special skills" that you think might benefit the club? Yes  No

If yes, please specify:  Accounting  Music  Fundraising  Events Management/PR  
 Legal expertise  Graphic Design  Web Design/IT  Photography  
 Other – please specify .....

Would you like your membership and birth announcement/family's birthdays announced in our magazine? Yes  No

I give permission for photos of my family (without identifying details) to appear on the CAMBA website Yes  No

I would consider being a committee member in the future Yes  No  Maybe

Would the Dad in your family like to go on the CAMBA Dads' list? Yes  No  (to receive Dads' event emails and the electronic *Duplication*)

Email:

How did you hear about CAMBA?

Is there anything else we should know? (eg. are you new to the area or do you have a multiple issue that you'd like to know more about)

Please Note: If you attend any CAMBA event eg. playgroups, Christmas party, photos of you and your children may be taken and included in the monthly club magazine *Duplication*. Please notify the photographer if you do not want any photos to be included.

## MEMBERSHIP FEES: (the CAMBA year runs from 1 April to 31 March)

Joining Apr-Sep:  \$55 current year only or  \$100 for membership to 31 March 2019  
Joining Oct-Dec:  \$35 current year only or  \$80 for membership to 31 March 2019  
Joining Jan-Mar:  \$60 for membership to 31 March 2019

This form is to be returned either by email to: **membership@camba.amba.org.au** OR by mail to:

**Membership Secretary, CAMBA, PO Box 1287, Camberwell VIC 3124**

Payment can be via a cheque payable to "CAMBA Inc" and mailed with this form, or via direct credit with mother's surname as the reference to: **BSB: 633 000 Account Number: 152462750 Account Name: Camberwell Area Multiple Birth Association Inc.**