



NEW MEMBERSHIP APPLICATION

The Twins, Triplets & More Association of Calgary (TTMAC) (formerly Calgary Parents of Multiple Births Association) is a parents-supporting-parents group dedicated to improve and promote the health and well being of expectant multiple birth families and families with multiple births, during and after pregnancy.

Initial membership fees are \$35.00. Renewal fees will be \$30 when paid in advance of the next membership year. After that, the regular membership fee of \$35.00 will apply.

Thank you in advance for completing the below form. Please feel free to contact , Central Registry at 274-8703, should you have any questions or concerns regarding membership. We can also be reached via our web site at www.ttmac.org for resources of information and association activities.

PERSONAL DATA

Mother's First and Last Name: _____

Father's First and Last Name: _____

Address: _____

Community/City District: _____ Town/City: _____

Province: _____ Postal Code: _____

Telephone: _____ **E-mail Address:** _____

Marital Status: Single Common Law Married Divorced Widow(ed)

Expected/Actual Date of Delivery: _____

Type of Multiples: (B - boy; G - girl)

- Twins: BB GG BG
- Triplets: BBB GGG BBG GGB
- Quadruplets: BBBB GGGG BBBG BBGG BGGG GGGB GBBB
- Identical Fraternal Fraternal & Identical Don't Know

List all the family's children's names, genders and birthdates:

MEMBERSHIP FEES

Membership for July 1 to June 30 \$ **35.00**

If you are joining in April, May or June, you may also choose to remit \$30.00 for the up-coming membership year.

Total Funds remitted: \$ _____

(TTMAC Use Only)

Date received: _____ Zone: _____

Cheque #: _____

Please send **cheque or money order only**

Payable to:

Twins, Triplets & More Assoc. of Calgary

(TTMAC) Attn: Membership

P.O Box 32038
2619-14th Street S.W.
Calgary, AB.
T2T 5X6

TTMAC QUESTIONNAIRE

In order to better understand the needs of our members, we are asking that you complete the following questionnaire. This data will be kept confidential for the use of general statistical information only. Thank you for participating.

Where did you hear about TTMAC? Advertisement Club Member OB/GYN Other Medical Referral
 Friend/Word of Mouth City Directory/Phone Book Other (please specify) _____

Breastfeeding/Bottle-feeding Support:

Would you like to be contacted by our Breastfeeding Support Coordinator? No YES

Are you planning on bottle-feeding? Would you like to be contacted for support? No YES

The club has breastfeeding pillows to lend, please contact the support person in your area of the city.(please see the newsletter for listing)

Special and /or any Medical Needs:

Do one or more of your children (multiples or siblings) have special or medical needs? No YES

Please indicate: _____

Please elaborate (if you wish) _____

Hearing / Visual / Speech Impairment _____ Disease/Injury/Deformity _____ ADD/ADHD _____

Would you like to provide or receive support in this area (*circle which one*)? _____

Pregnancy

Are your multiples a result of any fertility treatment? Yes No

At what gestation were they born? _____ weeks

How were your multiples delivered? Vaginally

C-Section

Both _____

What were your multiples' birth weights (Pounds & ounces)? First Born: _____ Second: _____ Third: _____ Fourth: _____

Are your multiples: Identical Fraternal Don't know

How was this established?

Physical Characteristics Blood Typing DNA Fingerprinting Placenta Analysis

Other (elaborate) _____

DNA Fingerprinting information is available from our Zone Coordinators.

VOLUNTEER INTERESTS

TTMAC is totally run and operated by Volunteer Club Members. Any volunteer contribution you can give makes a difference toward the success and longevity of our Club. Volunteering is a rewarding experience! Help assure your club is what you want it to be.

Would you like to volunteer? Yes Not Yet

Which areas of TTMAC are you most interested in being involved with:

<input type="checkbox"/> Adult Socials	<input type="checkbox"/> Family Socials	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Breastfeeding Support	<input type="checkbox"/> Health Support	<input type="checkbox"/> Spring/Fall Sales
<input type="checkbox"/> Casino	<input type="checkbox"/> Library	<input type="checkbox"/> Volunteer Coordinator
<input type="checkbox"/> Executive/Administrative	<input type="checkbox"/> New Parents Program/Support	<input type="checkbox"/> Zone Coordinator
<input type="checkbox"/> Other/Misc. Projects _____		

Please indicate any skills you can assist with:

Clerical

Librarian/Cataloging
 Word Processing
 Computer
 Phone Skills

Arts/Graphics

Sewing
 Painting/Drawing
 Graphic Design/Layout

Health Support

Breastfeeding
 Special Needs Children
 NICU Support
 Bereavement Support

Communication

Research
 Videotaping/Production
 Public Speaking
 Writing Articles/Editing

Organization/Fundraising

Events/Socials
 Coordinating Volunteers
 Meetings/Programs
 Casino

Other: (Please specify): _____