

Membership Application Form

The KMM Membership Subscription (1 July – 30 June)

Annual membership entitles you to club newsletters, a membership card (which can be used to get discounts at selected retailers), play groups/support groups, clothing grabs, social gatherings, antenatal education (specific to multiple pregnancy and birth), equipment for hire, a closed Facebook page and a network of like parents and families.

For those who join before their babies are born, you will receive a welcome pack, access to a multiple specific antenatal class, booklets, box of nappies (when babies born) and Household hamper (funding permitted). You will also be allocated a buddy to offer you support through out your first year as a multiple parent.

KapiMana Multiples is affiliated to Multiples NZ so each member gets access to a wider network of social media groups, national discounts and Multiple Matters Magazine.

Subscription Type

First Year (\$40)

Club Transfer (\$25)

Twins already born (\$25)

Multiples 5 years old+ - \$10

Community Services Card Holder (\$25)

If you feel you can't join for financial reasons then please still contact us.

Your Details

Your Name:

Partner's Name:

Address:

Your Phone No.

Partner's Phone No.

Your Email Address:

Partner's Email Address:

Expected Due Date:

Expecting:

Twins

Triplets

More

Do you already have children?:

Yes

No

If yes, other children's full names and date of birth:

The club address list is only made available to club Committee Members.
I agree to have my details included on the club address list

Yes

No

I authorise the club to use photos taken at club events in our newsletter & private, closed Facebook group

Yes

No

Why did you decide to join our Multiple Club? (Please tick below)

Friendship

Support

Education – pre and post natal

Multiples Playgroup

Access to Equipment or Clothing

Social Events

Other: (please specify)

How did you initially find out about KapiMana Multiples: (please tick below)

KMM Website

MNZ Website

Antenatal Class

Family/Friend

Lead Maternity Carer

Plunket Nurse

Other: (please specify)

Please email your completed membership form to membership@kapimanamultiples.org.nz.

Payment by direct credit: Westpac A/C #03 0547 0892743 00 Date of Transaction:

Please include your surname and initials in the reference field so we can match forms with payment.