

KAPI MANA MULTIPLE BIRTH CLUB

MEMBERSHIP FORM

Please complete and return to a club committee member or to
"The Treasurer, KMMBC, P O Box 50781, Porirua 5240"

SUBS: \$30 per annum or \$15 per half year membership commencing 1 April
Pay by cash, cheque or deposit into the Club account: number 03 0547 0892743 00

Choose one: FULL YEAR / HALF YEAR

Name: _____

Partner's Name: _____

Address: _____

Postcode: _____

Phone No: _____

Email: _____

Expected Due Date: _____ TWINS / TRIPLETS (circle one)

Or, if Born – Twins / Triplets:

1. Names: _____

2. Date of Birth: _____

Other Children:

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

These details will be used for Kapi Mana Multiple Birth Club purposes only and listed on a membership list distributed to members only. Please let us know if you do not want this information used in this way.

If you feel you are unable to join due to financial reasons please do not hesitate to contact the Treasurer – we would not like anyone to be put off for financial reasons.

OFFICE – Date received