



K-W POMBA

MEMBER INFORMATION SHEET

Surname: _____ First: _____

Surname: _____ First: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____

E-mail address: _____

___ I give permission for K-W POMBA to add me to their e-mail list for association updates and event information

___ I am a returning member and there have been no changes to my family information below (skip the box below)

| | | | |
|--|-----------------------------|---------------------------|-----------------|
| Expectant due date (if applicable): _____ | | | |
| Type of multiples | ___ Monozygotic (identical) | ___ Dizygotic (fraternal) | |
| ___ Twins | ___ Triplets | ___ Quadruplets | ___ Quintuplets |
| Name of each Child (including non-multiples) and their Date of Birth (y/m/d) Male/Female | | | |
| 1) _____ | | | |
| 2) _____ | | | |
| 3) _____ | | | |
| 4) _____ | | | |
| 5) _____ | | | |
| 6) _____ | | | |

Your Membership with K-W POMBA also includes a membership with Multiple Births Canada, please check off any of the MBC Support Networks you are interested in:

- | | | | |
|----------------------------|-------------------|---------------------|--------------------------|
| ___ Preterm Birth | ___ Lone Parent | ___ Loss Support | ___ LGBTQ+ |
| ___ Breastfeeding | ___ Special Needs | ___ Father Support | ___ Postpartum - Anxiety |
| ___ Higher Order Multiples | ___ Francophone | ___ Adult Multiples | |

I would be interested in volunteering:

___ On executive board ___ Occasionally as needed and available ___ Maybe at a later time

___ I hereby acknowledge that K-W POMBA/Multiple Births Canada and its executive are not responsible for any injury or damages incurred by me or my family while attending any POMBA/Multiple Births Canada Function.

___ I hereby acknowledge that KW POMBA/Multiple Births Canada may photograph my family while attending POMBA events & gatherings, and use these photos in club communications and promotional materials.

Membership Fee (Memberships are renewed in September)

*FREE for the first 150 Member Families in honour of Canada 150 and K-W POMBA's 40th Anniversary!

Signature _____ Date _____

Please email this form to membership@kwpomba.ca. We will inform you if you are one of the first 150 members.

You may also bring this form to any meeting or sale or mail to:
K-W POMBA, PO Box 48001, Williamsburg Postal Outlet, Kitchener, ON, N2E 4K6

Amount Received _\$0 _____ Received by _____



MEMBER INFORMATION SHEET

These are events we've done in the past or are thinking about. Please try and answer truthfully as we will use this to plan the upcoming year and we are looking for member participation. How likely are you to attend the following events if put on by POMBA:

| | Call the babysitter- I'm there | Good chance I'd go | Nope, not my thing |
|----------------------|--------------------------------|--------------------|--------------------|
| Canvas Painting | | | |
| Bowling | | | |
| Car Seat Clinic | | | |
| Cupcake Decorating | | | |
| Pub Night | | | |
| Bullying Seminar | | | |
| Nutrition for Kids | | | |
| Organization Seminar | | | |
| DIY Christmas gifts | | | |
| Big Batch Cooking | | | |
| Sleep Seminar | | | |
| Budgeting Seminar | | | |
| Movie Night | | | |
| Game Night | | | |
| Escape Room | | | |
| Pelvic Floor Seminar | | | |

Any other suggestions for activities you would like to see K-W POMBA have this year?

Why have you decided to be a K-W POMBA Member?

Is there anything K-W POMBA is missing that you would like us to add for our members?

Any other Comments: