



Membership Application/Renewal Form

The Twins, Triplets and More Association of Calgary (TTMAC) 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.

ONLINE REGISTRATION NOW AVAILABLE

Are you or someone you know interested in becoming a TTMAC member?

- Membership fees are \$45 and EXPIRE June 30th regardless of when payment is made
- Questions regarding membership may be directed to the Membership Coordinator at membership@ttmac.org
- Completing the volunteer interests section at the end assists us in recruiting and organizing volunteers making TTMAC a better organization for all members.

Please fill out this membership application form and mail it along with a cheque or money order (payable to Twins, Triplets & More Association of Calgary - TTMAC) to:

Twins, Triplets and More Association of Calgary (TTMAC)
Attention: Membership
Bay 16, 1215 Lake Sylvan Dr. SE, Calgary, AB T2J 3Z5

Please check if this is a first time application or a membership renewal NEW MEMBER RENEWAL

Please complete this form in its entirety including the volunteer section at the end. An incomplete form will require follow-up and will slow down the registration process.

Mother's First and Last Name: _____

Father's First and Last Name: _____

Address: _____

Community (ie. Tuscany or Mackenzie Town): _____

Town/City: _____ Province: _____

Postal Code: _____ Telephone: _____

Email: _____

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

How did you hear about TTMAC? _____

Would you like your due date and/or children's birth's to be announced in our "new member's welcome" in the TTMAC newsletter? Yes No

TTMAC mails a newsletter to all members ten times/year. The color version is also available for members to read online. Some members prefer to exclusively read the newsletter online rather than receive it in the mail, and have joined the Green Club. These members receive email notification when the newsletter is posted online. **Please indicate how you would like to receive the newsletter:** In the mail Read it online only

Expected/Actual Date of Delivery: _____

Type of Multiples (B – boy; G – Girl)

Twins: BB GG BG Unknown

Triplets: BBB GGG BBG GGB Unknown

Quadruplets: BBBB GGGG BBBG BBGG BGGG Unknown

Identical Fraternal Fraternal & Identical Unknown

Please list all of the family's children's names, genders and birthdates:

Name	Gender	Birthday – D/M/Y

In order to understand the needs of our members, we ask you to complete the following questionnaire. This data will be kept confidential for the use of general statistical information only. You only need to complete this once, so may skip this part if you previously completed it. Thank you for your participation.

Pregnancy

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

At what gestation were your multiples born? _____ Weeks

How were your multiples delivered? Vaginally C-Section Both

What were the birth weights of your multiples? _____

Are your multiples Identical Fraternal Unknown

How was this determined Physical Characteristics DNA Fingerprinting Blood Typing

Placenta Analysis Other _____

Feeding

Did you breastfeed? Yes No If yes, for how long? _____

Did you supplement with formula? Yes No If yes, how often? _____

Did you find helpful support within the TTMAC/breastfeeding support group? Yes No

Comments:

Special Needs/Medical Needs

Does one or more of your children have special/medical needs? Yes No

If yes, please indicate one of the following:

Hearing/Visual/Speech Impairment: _____

Disease/Injury/Deformity: _____

ADD/ADHD: _____

Other: _____

Would you like to provide/receive support in this area? Yes No



Volunteer - TTMAC Needs You!

Do you have a few hours a week, a month, a year? Whatever you can spare, we have a place for you

Please review the following and check the areas you may be interested in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Socials | <input type="checkbox"/> Breast/Bottle Feeding Support | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Family Socials | <input type="checkbox"/> Health Support | <input type="checkbox"/> Spring/Fall Sales |
| <input type="checkbox"/> Executive/Membership | <input type="checkbox"/> Library | <input type="checkbox"/> Zone Coordinator |
| <input type="checkbox"/> Casino (8 hour shifts) | <input type="checkbox"/> New Parents Program/Support | <input type="checkbox"/> Other _____ |

Please indicate the skills you may be able to assist with:

COMMUNICATION

- Librarian/Cataloging
- Research
- Public Speaking
- Writing Articles/Editing
- Internet/Email/Web

ORGANIZATION/FUNDRAISING

- Events/Socials
- Coordinating
- Meetings
- Casinos

HEALTH SUPPORT

- Breastfeeding
- Special Needs
- NICU
- Bereavement
- CPR/First Aid

OTHER

- Painting/Drawing
- Graphic Design/Layout
- Marketing

CLERICAL

- Computer
- Telephone Skills
- Database/Spreadsheets

OTHER

Please Specify: _____

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Preferred Method of Contact: Telephone Email Either

For additional information contact the Volunteer Coordinator at volunteercoordinator@ttmac.org