



New Membership Application

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 AVAILABLE www.ttmac.org

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

- Membership fees are \$50 annually (pro-rated for **NEW** members only)
- Memberships expire **June 30th** regardless of when payment is made (exception for **NEW** members who join in April/May/June). Those memberships expire June 30th of the following year.
- Questions regarding membership may be directed to the Office Administrator info@ttmac.org
- Submit Verification of Multiples (see last page for more information)
- Complete Waiver of Liability & Photo Release Consent Form

Please fill out this membership application form and mail it along with a cheque (payable to TTMAC) to:
Twins, Triplets and More Association of Calgary (TTMAC)
Bay 16, 1215 Lake Sylvan Dr. SE, Calgary, AB T2J 3Z5

New Membership Pro-rated Fees:

July \$50.00	August \$45.83	September \$41.67	October \$37.50	November \$33.33	December \$29.17
January \$25.00	February \$20.83	March \$16.67	April, May, June \$50 (Membership expires June 30 the following year)		

Please check here if you have ever been a TTMAC Member

Please complete all pages of the application form. Verification of Multiples is required. Please see 3rd page for acceptable documentation. If you have any questions, please contact the office at info@ttmac.org

Mother's First and Last Name: _____

Father's First and Last Name: _____

Address: _____

Town/City: _____ Province: _____

Postal Code: _____ Telephone: _____

Email: _____

How did you hear about TTMAC? _____

What is your primary spoken and written language: _____

Do you have additional spoken and written language(s): _____

Would you be willing to assist with translation and/or communication with other TTMAC Members? **Yes/No**

I consent for TTMAC to provide my information to Multiple Births Canada to receive access to their private member's benefits including: member's only resources, national discount list and access to their social media site. Yes No

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

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 genders and birthdates:

Gender	Birthdate	Gender	Birthdate

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. 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
Did you adopt your multiples? Yes No
Were your multiples carried via a surrogate? Yes No
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/are you planning to breastfeed? Yes No If yes, for how long? _____
Did you/are you planning to supplement with formula? Yes No If yes, how often? _____
Would you like to receive support in this area from a TTMAC volunteer? Yes No

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

Information for Verification of Multiples

This is a one time only requirement and will not have to be provided for membership renewals.

What verification can be used?

- Provincial Health Care Cards
- Birth Certificates
- Ultrasound picture (with surname)
- Letter from Doctor

How can I provide it?

- Email documents (scan or take a photo of the document) to info@ttmac.org
- Regular mail (copies only please)
- Come to the office during regular office hours and show document

How your privacy will be protected

- TTMAC will **NOT** keep any copies or records of your verification documents
- Only our Office Administrator (a paid employee) will view and verify your documents. This employee is bound by confidentiality and is held to high standards in regards to accountability and liability.
- If documentation is sent by email, you will receive a confirmation email from the Officer Administrator. It will **NOT** be printed and it will be DELETED immediately following verification.
- If documentation is sent via mail, it will be immediately verified on your account. It will be immediately SHREDDDED and destroyed following verification.
- If documentation is provided in person during regular business hours, verification on your account while you are present and no copies or photographs of your document will occur.

Do you have further questions, concerns or feedback?

We welcome and encourage our members to contact the Board of Directors at president@ttmac.org and someone from the Board will contact you to discuss things further. We hope this detailed information has provided assurance that your Board of Directors is working in the best interest of all it's members and take personal privacy very seriously.

WAIVER OF LIABILITY

The Twins, Triplets and More Association of Calgary
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in **all TTMAC events** , I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE TTMAC**, the Board of Directors of TTMAC, their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law

2. I am fully aware of the risks and hazards connected with the activities of **all TTMAC events** and I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me. I understand that TTMAC does not require me to participate in activities. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activities, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES** or otherwise, to the fullest extent allowed by law

3. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES** from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to my participation in said activities, **WHETHER CAUSED BY NEGLIGENCE OF RELEASEES** or otherwise, to the fullest extent allowed by law.

4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the Province of Alberta and that any mediation, suit, or other proceeding must be filed or entered into only in Alberta courts . Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed and for all my family members; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this

_____ day of _____, 20_____.

WITNESS:

PARTICIPANT:

PHOTO RELEASE FORM
The Twins, Triplets and More Association of Calgary
Photo Release Form

Permission to Use Photographs

I grant **TTMAC** and its representatives and employees the right to take photographs of me and my family members at all **TTMAC Events**.

I authorize **TTMAC**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **TTMAC** may use such photographs of me and my family with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

If you choose not to sign the Photo Release Waiver Form, it is the member's sole responsibility to notify any photographer at events that you do not give your permission to have you and your family members' photo taken.