



## **Family**

## Membership &

## **Renewal Form**

As members, your family will receive a membership card, access to all Twins Club activities, social events, toddler and babies groups, support and advice and a quarterly newsletter, plus access to TAMBA information, leaflets and publications.

Please complete the form and return via post or e-mail to membership@edinburghtwins.co.uk

Membership fees are £10 per year; please send a cheque to the value of £10.00 payable to "Edinburgh Twins Club" to Sarah Anderson, Membership Secretary, 6 Considine Gardens, Edinburgh, EH8 7DZ.

Please circle/highlight	as appropriate:	New Member	Renewing Membe	er	
Family Surname					
Mother		Father			
Twin/Triplet	1.	2.		3.	
Date of birth (or estimated	date of delivery)	·			
Name and date of birth of siblings	1.	2.		3.	
Address		,			
Postcode					
Home Telephone No.		Mobile No.			
E-mail					
In order to promote friendsh current members who live in provided to your Mother He mail address. I have no object* to being a Mother He We periodically circulate a twins/triplets, abbreviated p family being included in this We would like to take photo & Lothians Twins & Multiple photographs of my children	nearby you and who ns: Your name, da jection / object* to den to new membe contacts list of club ostcode (e.g. EH10 is list.	o may be at a similar stag te of birth or due date of my details being providers.  members with the follow 0) and telephone number	ge as you. The foll twins/triplets, tele ed to a Mother He ring details: Name object publicity material	llowing details will be phone number and e- n. I have no objection e of member(s), DOB tion / object* to my issued by the Edinbur	on / of
How did you learn about the			* DELETE	AS PREFERRED	
Signed			Date		