



Family

Membership

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

If you wish to join the Edinburgh Twins Club, please fill in the details below and return the form to the following address:

Sarah Anderson
6 Considine Gardens
Edinburgh
EH8 7DZ
0131 6613392

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			
Telephone No.			
E-mail			

I enclose a cheque to the value of **£10.00** payable to "Edinburgh Twins Club"

I **have no objection / object*** to my family details being held on the database and being contacted by email.

I **have no objection / object*** to my family being put in touch with other families of twins/triplets in my area.

I **have no objection / object*** to my family being welcomed as a new member in our Newsletter.

In order to promote friendships and support within the club, we periodically circulate a contacts list of club members with the following details: Name of member(s), DOB of twins/triplets, abbreviated postcode (eg EH10) and telephone number. I **have no objection / object*** to my family being included in this list.

We would like to take photographs of our social events **only for use** in publicity material issued by the Edinburgh & Lothians Twins & Multiples Club, including our newsletter and website. I **have no objection / object*** to photographs of my children to be included.

*** DELETE AS PREFERRED**

How did you learn about the club?

Signed	Date
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