



LEAMINGTON SPA & DISTRICT TWINS CLUB

Membership
No.

www.leamingtontwinsclub.co.uk

Annual Subscription Form September 2012-2013

Parent(s) Name(s)			
Address			
Postcode			
Telephone Number			
E-mail Address			
Childrens Names	D.O.B. (DD/MM/YY)	or EDD	
1.			
2.			
3.			
4.			
5.			
6.			

To gain the most benefit from the club we have volunteers to help in various areas:

One of the aims of the club is to provide a network of mums who can support each other to provide advice or just encouragement with the challenges of bringing up twins or triplets. This is particularly useful for our pregnant and new mums. If you would like to have a "Contact Mum" from the club to talk to, please tick here:

Contact Mum

In addition to providing general support our Contact Mums can answer questions in the following areas. Please tick the box (or boxes) if you have any particular interest you would like to discuss and we will endeavour to put you in touch with a club member with practical experience in that area.

- | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|
| A) Breast feeding twins | <input type="checkbox"/> | F) Post-natal depression | <input type="checkbox"/> |
| B) Twin-Transfusion Syndrome | <input type="checkbox"/> | G) Disability | <input type="checkbox"/> |
| C) Sleep problems | <input type="checkbox"/> | H) Weaning | <input type="checkbox"/> |
| D) Re-usable nappies | <input type="checkbox"/> | I) Older Siblings | <input type="checkbox"/> |
| E) Prematurity | <input type="checkbox"/> | | <input type="checkbox"/> |

Alternatively if you are not a new parent of multiples and would like to volunteer to be a contact mum in general or in a particular area please tick here:

Volunteer to be a Contact Mum

Interested in:

See our website www.leamingtontwinsclub.co.uk for more information on volunteering to be a contact mum

1. Do you have any ideas what you would like from the club or any suggestions for future outings/ events?

2. Do you have any skills/ interests which could benefit the club?

3. How did you first hear about the club?

4. Would you be prepared to help in the committee or with an individual event?

Data Protection Act

The information supplied in this application form is protected under the Data Protection Act 1998. It will be held by Leamington Spa & District Twins Club. By becoming a member you are consenting to this information being used for club purposes, including communication with other members and being contacted with information which the Club thinks might be of interest to you. This information will not be passed on to external organisations.

Please indicate whether you require membership for 1 or 5 years

1 year £12 Annual standing order £12 5 years £50

Cheques should be made payable to 'Leamington Spa & District Twins Club'

Signature _____

Date _____

Please send your payment and completed form to:-

Sam Baker
5 Waggoners Close
Bubbenhall
Warwickshire CV8 3JE

Club use only

CHQ

CARD

CM

SC

BD

IS

BC

LD

SU

