



Hutt Valley Multiple Birth Club  
PO Box 30862  
Lower Hutt 5040

## Membership Form

To become a member of the Hutt Valley Multiple Birth Club, simply print and complete this form and send it to us at the address shown on this page.

### **Personal Details**

First Name   
Surname   
Partner's First Name   
Partner's Surname

Residential Address

Postal Address   
(if different from above)

Home Telephone No.   
Mobile Telephone No.   
Email

### **Your Multiple Pregnancy**

40 week due date of babies

Type of twins   
identical?  
fraternal?

Include details in Newsletter?   
yes?  
no?

### **Your Family**

Child 1 First & Last Names   
Child 1 Date of Birth   
Child 2 First & Last Names   
Child 2 Date of Birth   
Child 3 First & Last Names   
Child 3 Date of Birth   
Child 4 First & Last Names   
Child 4 Date of Birth

email: [contact@huttvalleymultiplebirthclub.co.nz](mailto:contact@huttvalleymultiplebirthclub.co.nz)  
[www.huttvalleymultiplebirthclub.co.nz](http://www.huttvalleymultiplebirthclub.co.nz)