



NEW MEMBER APPLICATION FORM

I wish to become a member of Billericay Twins Club and I enclose my membership fee herewith:

[] Annual Membership £6.00 or [] 3 Year Membership £15.00

Please complete the following:

Name

Address (inc. postcode)

.....

.....

Email address

*We will only use your data within the Committee of BTC; at no time will your details be circulated to outside parties. We occasionally email our members to remind them of forthcoming social events or important club news/announcements. Please tick this box if you do **NOT** wish to receive emails.*

Home Telephone No/Mobile

Where did you hear about Billericay Twins Club?

Do your twins/triplets wish to receive BTC birthday cards? Yes/No

(We will continue to send indefinitely until notified otherwise)

Names of twins/triplets	Birth weights	Date of Birth
1.
2.
3.

Identical/Non-identical (Delete as appropriate)

Additional optional information (to assist with our statistics)

No. of weeks gestation Type of delivery
(e.g. natural birth, caesarean – planned or emergency)

Names and dates of birth of other children

.....

.....

Signed Date

The Billericay Twins Club newsletter and information regarding events can be found on our website at:
www.billericaytwins.co.uk

Please make cheques payable to “Billericay Twins Club” and return with this form to:
Melinda Wyatt,
81 The Knares, Basildon, Essex, SS16 5TD