

Australian Twinless Twins  
Membership Application

Please print or copy this form and email, or mail it to the address below.

[mail@australiantwinlesstwins.com](mailto:mail@australiantwinlesstwins.com) , or mail it to:

Australian Twinless Twins  
c/o 5 Lambie Place  
Florey, ACT, 2615

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Twin's Name (if named, optional) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Twin's death \_\_\_\_\_

Circumstance of Twin's death (optional)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we include your name and contact email / number to enable twins in your area to contact you? This information shall be placed on a 'member's only' section on the Australian Twinless Twins website and will be password protected. YES / NO