

Primary Contact First Name:	Korner Toy Library	Membership Form	Date:
Last Name: Mobile: Home Phone: Email: Address: Suburb: Postcode: Secondary Contact First Name: Last Name: Mobile: Home Phone: Email: Children Full Name: D.O.B Male /Female/Other How did you hear about us? Do you speak any languages other than English? Membership Type \$95 1 Year Membership with a minimum of 4 Rostered Duties per year Tuesday Saturday Either \$170 1 Year Membership without Rostered Duties ('Buy-out') \$50 1 Year Concession (or Grandparent) Membership, Maximum 5 visits per year.			Membership no.:
Mobile: Home Phone: Email: Address: Suburb: Postcode: Secondary Contact First Name: Last Name: Mobile: Home Phone: Email: Children Full Name: D.O.B Male /Female/Other Full Name: D.O.B M	First Name:		
Email: Address: Suburb: Postcode: Secondary Contact First Name: Last Name: Mobile: Home Phone: Email: Children Full Name: D.O.B Male /Female/Other Full Name: D.O.B Male	Last Name:		
Address: Suburb: Postcode:	Mobile:	Home Phone:	
Suburb: Postcode: Secondary Contact	Email:		
Secondary Contact First Name:	Address:		
First Name: Last Name: Mobile: Home Phone: Email: Children Full Name: D.O.B Male /Female/Other Water of the male / Other Full Name: D.O.B Male /Female / Other Full Name: D.O.B Male /Female / Other Full Name: D.O.B Male /Female / Other Full Name: D.O.B Male / Female / Other Full Name: D.O.B Male	Suburb:	Postcode:	
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	☐ \$170 1 Year Membership with	out Rostered Duties ('Buy-out')	
□ \$47.50 1 Year Committee (attend monthly meetings and complete various tasks)	☐ \$50 1 Year Concession (or G	randparent) Membership, Maximum 5 visits p	er year.
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Payments: Internet Banking - Kidz Korner Toy Library: Account number 12-3171-0213100-00		d full responsibility for any and all injuries to any pe	rson or nersons which result in whole or
Declaration:	in part from using the toys I borrow from this	Toy Library. I hereby release the Toy Library from ar	
Declaration: Liability Clause: I hereby assume complete and full responsibility for any and all injuries to any person or persons which result in whole or in part from using the toys I borrow from this Toy Library. I hereby release the Toy Library from any and all responsibility in respect of any			used by the committee for Tay Library
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Number:_____

Payment Method: Cash / Internet Banking Membership Number: _____

ID Provided: Drivers Licence / Passport

Amount Paid:

Entered by: _____