

# Membership Form

 Date: 

--	--	--	--	--	--	--

## Primary Contact

Membership no.: \_\_\_\_\_

First Name:	
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
Full Name:	D.O.B	Male /Female/Other
Full Name:	D.O.B	Male /Female/Other
Full Name:	D.O.B	Male /Female/Other

How did you hear about us? \_\_\_\_\_

Do you speak any languages other than English? \_\_\_\_\_

## Membership Type

<input type="checkbox"/> <b>\$95 1 Year Membership with a minimum of 4 Rostered Duties per year</b>
Rostered Duties are to help at the Toy Library on a Tuesday or Saturday morning. Please select your preference below.
<input type="checkbox"/> <b>Tuesday</b> <input type="checkbox"/> <b>Saturday</b> <input type="checkbox"/> <b>Either</b>
<input type="checkbox"/> <b>\$170 1 Year Membership without Rostered Duties ('Buy-out')</b>
<input type="checkbox"/> <b>\$50 1 Year Concession (or Grandparent) Membership, Maximum 5 visits per year.</b>
<input type="checkbox"/> <b>\$47.50 1 Year Committee (attend monthly meetings and complete various tasks)</b>

**Payments:** Internet Banking - Kidz Korner Toy Library: **Account number 12-3171-0213100-00**

## 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 injuries so sustained either outside of or on the premises.

**Privacy Act:** I understand that these details will be added to the Toy Library membership list and used by the committee for Toy Library business and my phone number added to the duty roster.

**Membership Rules and Agreement:** I understand that by paying my annual membership subscription, I am deemed to have read the Membership Rules and Agreement provided separately and agree to abide by them.

Signature: \_\_\_\_\_

 Date: 

--	--	--	--	--	--	--

*Librarian Use Only*

ID Provided: Drivers Licence / Passport      Number: \_\_\_\_\_      Entered by: \_\_\_\_\_

Amount Paid: \_\_\_\_\_      Payment Method: Cash / Internet Banking      Membership Number: \_\_\_\_\_