

Primary Contact

First Name:
 Last Name:
 Mobile: Home Phone:
 Email:
 Address:
 Suburb: Postcode:

Secondary Contact

First Name:
 Last Name:
 Mobile: Home Phone:
 Email:

Children

First Name:	<input type="text"/>	D.O.B	<input type="text"/>	Male /Female/Other
First Name:	<input type="text"/>	D.O.B	<input type="text"/>	Male /Female/Other
First Name:	<input type="text"/>	D.O.B	<input type="text"/>	Male /Female/Other
First Name:	<input type="text"/>	D.O.B	<input type="text"/>	Male /Female/Other

How did you hear about us? _____

Do you speak any languages other than English? _____

Membership Type

- \$160 1 Year Membership without Rostered Duties**
 \$95 1 Year Membership with a minimum of 3 Rostered Duties per year
Rostered Duties are to help at the Toy Library on a Tuesday or Saturday morning. Please select your preference below.
 Tuesday **Saturday** **Either**
 \$45 1 Year Grandparent Concession Membership, Maximum 5 visits per year.

Payments: Cash or Internet Banking. Kidz Korner Toy Library: Account # 03-1557-0069229-000

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:
 Amount Paid: _____ Payment Method: Cash / Internet Banking Membership Number: _____