



Newlands Toy Library Incorporated

Membership Application Form



Membership Number

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Me

My name: _____

My address: _____

My email: _____

My phone numbers: Home _____ Mobile _____

My kids

Name of first child: _____	Date of birth: _____
Name of second child: _____	Date of birth: _____
Name of third child: _____	Date of birth: _____
Name of fourth child: _____	Date of birth: _____

Someone who knows me well

Their name: _____

Their address: _____

Their email: _____

Their phone numbers: Home _____ Mobile _____

Type of membership

- Rostered membership - duties required (\$65 per year)
- I am able to do duty on Saturday Wednesdays
- Non-rostered membership - no duties but you will be required to help with annual stock take and fundraising (\$130 per year)

- I have read and agree to abide by the conditions of membership stated on the reverse of this form
- I am happy to receive newsletters (including roster) and other information about the Toy Library by email
- I would like to be on the Toy Library committee or I have other skills that the Toy Library could use

Signed _____ Dated _____

YOU NEED TO KNOW THIS

The information collected on this form is subject to the provisions of the Privacy Act, and will be used for administration purposes. You have the right to inspect and correct any information we hold about you.

