



Newlands Toy Library Inc.

newlandstoylibrary@gmail.com

www.newlandstoylibrary.org.nz

Membership No

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Member Details

Name: _____

Address: _____

Email: _____

Home Ph: _____ Mobile: _____

Spouse Name: _____

Spouse Email: _____

Spouse Mobile: _____

Member Children

Name of first child: _____ Date of birth: _____ Gender: _____

Name of second child: _____ Date of birth: _____ Gender: _____

Name of third child: _____ Date of birth: _____ Gender: _____

Name of fourth child: _____ Date of birth: _____ Gender: _____

Someone who knows me well

Name: _____

Address: _____

Email: _____

Home Ph: _____ Mobile: _____

Relationship: _____

Type of Membership

Rostered Wednesday Saturday

Cost: \$75per year

Duties: 1-2 duties at library per year as well as helping at annual stocktake and cleaning days

Non Rostered

Cost: \$130 Per year

Duties: Helping at annual stocktake and cleaning days

Agreement

I have read and agree to abide by the conditions of membership included with 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: _____ Date: _____

Important information

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