

MURRINDINDI TOY LIBRARY INC.

April 2010

Registration No: A00538075

ABN: 94 187 233 696

Enquiries – www.murrindinditoylibrary.org.au

MEMBER REGISTRATION FORM

Membership Status:		New <input type="checkbox"/>	Renew <input type="checkbox"/>	Member Number:	
Date: / /		Location:			
Primary Member Last Name:			First Name:		
Partner Last Name:			First Name:		
Permanent Address:				Post Code:	
Temporary Address:				Post Code:	
Phone:					
Mobile:					
E-mail: (for newsletters and minimal news only. Your privacy assured.) <input type="checkbox"/>					
PLEASE TICK BOX IF YOU WANT PDF NEWSLETTER SENT TO YOU BY E-MAIL ONLY:					
Child's Name:		Birthday:		Boy/Girl	
Child's Name:		Birthday:		Boy/Girl	
Child's Name:		Birthday:		Boy/Girl	
WE LOVE FEEDBACK! What would you like to gain from or see improved in your toy library? (Optional, please write over)					

How did you hear about Murrindindi Toy Library?

Health Nurse
 Website
 Toy Library Member
 Murrindindi Council
 Book Library
 Newspaper
 Other (please specify)

As a volunteer-run organisation, we rely on members to help keep the toy library functioning. If you can donate some time, even just an hour or two, to help checking toys in or out, cleaning toys, coding and bagging toys etc please let us know.

Members are also needed to assist with co-ordinating the Toy Library [Eligible for free membership].

Team leader
 Join the Committee
 Fundraising
Not sure? Please ask our team leader who is more than happy to explain.

Declaration: I apply for membership of the Murrindindi Toy Library Inc. and agree to comply with its rules and to indemnify the Murrindindi Toy Library Inc., its members and committee, against all loss or liability, howsoever caused, arising from borrowing by, or through me, of any toys, games, tapes or other items and agree to pay the Murrindindi Toy Library Inc. fines and fees as per the current schedule and as agreed by the committee.

Membership is not transferable and non-refundable after one month from initial membership date.

ID:	Medicare Card No <input type="checkbox"/> OR	Driver's Licence No <input type="checkbox"/>																		
NO:																				

ID SIGHTED? (Team Leader/Co-ordinator please tick)
 Approved (Team Leader):
 Date: / /

Signed (member): _____
 Payment Amount: \$ _____

Individual Membership
 Group Membership
 Casual Membership (2 months)

Payment Method:
 Cheque
 Money Order
 Direct Deposit
 Cash
 (BSB 013-384 Acct 1811-99695)

Receipt No: _____