

MEMBER REGISTRATION FORM

Primary Member Last Name:	First Name:
Partner Last Name:	First Name:
Address:	
Suburb:	Post Code:
Phone:	Mobile:
E-mail Address: (for newsletters and minimal news only. Your privacy assured.)	
<input type="checkbox"/> I give permission for my email address & phone number to be released to NTL members for rostering purposes.	

Child's Name:	Birthdate:	Boy/Girl
Child's Name:	Birthdate:	Boy/Girl
Child's Name:	Birthdate:	Boy/Girl

Membership Type:
 Level 1 Level 2 Family Day Care Concession Senior

How did you hear about Nunawading Toy Library?
 Health Nurse Website Toy Library Member Whitehorse Council Book Library
 Newspaper Other (please specify)

As a volunteer-run organisation, we rely on every member to keep the toy library functioning. There is a mandatory minimum of 4 duties per year (one duty per term). Please indicate your preferred days and times for your Member Duty. Please nominate your duty date each term, or you will be allocated.

Wed 6:15:7:45 Thu 9:15-11:15 Sat 9:45-12:15 Any time

Also available for emergency fill in duties. Alternate duties -Working bee, Spring Carnival, sorting/labelling.

Members are also needed to assist with co-ordinating the Toy Library and are eligible for free or discounted membership. Team leader (monthly duty) Join the Committee (monthly meeting)

Not sure? Please ask our co-ordinator/team leader who will be more than happy to explain.

Declaration: I apply for membership of the Nunawading Toy Library Inc. and agree to comply with its rules and to indemnify the Nunawading 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 Nunawading Toy Library Inc. fines and fees as per the current schedule and as agreed by the committee. I also agree to perform a minimum of 4 duties per year (being one duty per term), and will arrange to swap duties if unable to perform my rostered duty.

Membership is not transferrable 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:		
Concession Card Number:		Expiry:
NO:		
Signed (applicant):		
_____ Date: ____/____/____		

OFFICE USE ONLY
 ID SIGHTED (Team Leader please tick)? **Approved (Team Leader):** _____ **Date:** / /