

Membership Application Form

Full Name:

Residential Address:

Postal Address:

Ph (Home): Mobile:

Email:

(Email is our preferred method of communication)

Children’s Names D.O.B.

Temporary

Limited $40

1 year Ordinary $60

1 year Concession $45

Type No. Expires

Would you be interested in joining our committee at some stage? YES NO LATER

Are there any specific skills you have that could benefit Toy Library?(e.g. graphic design, cabinet maker, IT)

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| --- |
| I apply for membership of the Echuca Moama Toy Library and agree to comply with its rules and to indemnify the Echuca Moama Toy Library, its members and staff against all loss, liability, injury or damage, however caused, arising from borrowing by or through me, of any toys, games or other items. All members must ensure helmets are worn while riding Toy Library balance bikes or scooters. It is the members responsibility to provide their own helmet. |

Date: Signature:

How did you hear about Toy Library?

Roster Availability: I can make either day

Wednesday 7:30pm – 8.30pm

Saturday 10:30am – 11:30am

**Office use only**

Amount Paid $ Mibase

Proof of ID and address sighted Membership co-ordinator

Signature of Committee Member: Toys

Date: