

Membership form (Office Use Only)							
Membership No:	Membership Name:						

	eg No A0033	31015		Membership Type:						
ABN 51 147 927										
Membership Contact Details										
		Contact	1			Contact 2				
Last name					Last name					
First name					First name					
Phone*					Phone*					
Email					Email					
Residential					Residential					
Address	Address									
*NB: 2 different phone numbers required, one number must be a landline										
Membership Details Membership Type \$ Child's Name Date of Birth Male/Female										
Membership Type \$ Chi		Child's Na	Child's Name Da					Male/Female		
1 child		40	1.							
2 children		50	2.							
3+ children		50	3.							
Casual		25	4.							
Family Day Care	<u> </u>	110	FDC/Playgroup name							
Playgroup		110								
Non Duty Fee #		40								
Concession Disc		50%	Concession	n card number						
Total Amount Due										
WALSO Date For \$40 manages **Drives subject to all manages in the state of the stat										
# Non Duty Fee \$40 per year **Prices subject to change without notice**										
General Member Information										
How did you hear about Wodonga Toy Library?										
Are you interested in being part of your Toy Library Committee?										
7		,		,						
Skills register –	our family c	an offer t	the following	g skills:						
				Conditions of N	•					
Preferred roster				Tuesday 11,25a				8.55am – 1	•	
I accept liability for the loss or damage to toys, puzzles and games borrowed from Wodonga Toy Library Inc. whilst in my										
possession. I further agree to return all items in a clean and hygienic condition and also understand that the loss or damage										
of any item could result in replacement charges of up to \$300.										
Signature of member: Date:										
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****OFFICIAL USE ONLY – TO BE COMPLETED BY ROSTER DUTY VOLUNTEER **** Renewal checklist 20 20 20										
Details on form correct?		Yes/N	ln				Yes/No			
Fee paid		\$		\$			\$			
Receipt No								·		
Date										
Roster Volunteer Name										
Duty Person Signature										
Valid Health Care Card			Yes/N	0	Yes/No			Yes/No		
Drivers Licence N		te	V = = /N	lo.	Yes/No Yes/No			Voc/No		
Address confirme		0	Yes/N	10	Yes/No			Yes/No		
Details added to database/date										