MEMBERSHIP FORM

(Please ensure that you fill out this form completely)



| Name: | Partner's Name: | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Address: | | |
| Home Phone: | Mobile Phone | e: |
| Email: | | |
| Children: | DOB: <u>/</u> / | Sex: |
| | DOB:// | Sex: |
| | DOB:// | Sex: |
| ALTERNATIVE CONTACT (does not l | ive at the same address): | |
| Name: | Relationship: | |
| Home Phone: | Mobile Phone: | |
| SUBSCRIPTIONS: | | |
| \$96.00 12 Month Member | ship (no duties) | I in your first three months) |
| ROSTER DUTIES | | |
| members must sign up for their 3. You receive \$5 credit to be Duties can be complete | duties within 3 months of member wards toys for each duty completed by any adult member of the far ur children with you if this makes it | red mily |
| ☐ I will choose and book my own | n duties for the year within three m | nonths of joining |
| \square I am interested in joining the To | by Library Committee | |
| \square My partner or I have skills, acc | ess to products or services that w | e could contribute or would benefit the |
| toy library (e.g. Carpentry, Electri | cal, Toy Mending, Sewing, etc) | |
| How did you hear about the toy | ibrary? | |
| PAYMENT | | |
| Payment can be made by intern RNZPS Canterbury Area 02 0500 0969694 00 | et banking to: | |
| Please use your Surname , Phone | Number and 15105 TL as a refere | nce. |
| I have paid \$ to O | oawa St Martins Plunket Toy Librar | ry for membership on (Date) |
| Signature: | | Date: |
| | ED FOR THE PURPOSE OF OPAWA/ST MARTINS PLUNKET TO CORRECT INFORMATION HELD ABOUT YOU BY CONTACT | |
| OFFICE USE ONLY Amount Paid: \$ | EXPIRY MONTI | H· |