

Staff Member:

Membership No:

FRANKSTON TOY LIBRARY MEMBERSHIP APPLICATION FORM

Parent / Guardian 1

Surname:

Name:

Address:

Phone:

Mobile:

Email:

Occupation:

Drivers Licence No:

Concession No:

Parent / Guardian 2

Surname:

Name:

Address:

Phone:

Mobile:

Email:

Occupation:

Drivers Licence No:

Concession No:

- ❖ **PRICING** Family Membership \$95.00 Business Membership \$200.00 Casual \$40.00
 Concession \$80.00 Puzzle/Game Membership \$50.00 Upgrade to Increase Borrowing \$20.00

- ❖ **PAID VIA** Credit Savings Cheque Cash
 Discount Coupon Gift Voucher

❖ Would you be interested in helping at fundraising events / joining our committee? Yes No

❖ How did you hear about the Frankston Toy Library? (Please Circle)

- Friend / Family Brochure / Advertisement Face book / Instagram
 Maternal Health Centre Other

DISCLAIMER STATEMENT

I have read the membership information statement, have received a copy and agree to comply with all rules and requirements of the Frankston Toy Library. I agree to be a member of the Frankston Toy Library, to support its purposes and conform to its rules. I understand that I am not required to volunteer but by attending fundraising events and supporting when asked will greatly improve the services the toy library is able to offer.

Name:

Signature:

Date: