

FRANKSTON TOY LIBRARY MEMBERSHIP APPLICATION FORM

Parent/Guardian 1

Parent/Guardian 2

Surname:

Surname:

Name:

Name:

Email:

Email:

Mobile:

Mobile:

Address:

Address:

Phone:

Phone:

Occupation/Skills:

Occupation/Skill

Children:

Name	Gender	Date of Birth

Membership Details

Family Membership \$95.00 Group Membership \$200.00 Increased borrowing \$20.00

Concession \$80.00 Puzzle and Game Membership \$35.00

Drivers Licence Number:

Concession Number:

Assisted by Staff Member:

How did you hear about the Frankston Toy Library?

Friend/Family

Brochure/Advertisement

Driving Past

Other Please specify _____

Disclaimer Statement

I have read the membership information statement 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: