

MEMBERSHIP FORM

(Please ensure that you fill out this form completely)

ID Sighted	
Proof of	
address	

Name:	:Partner's Name:			
Address:				
Contact number:				
Email:			_	
Children:	DOB: <u>/</u> _		DOB: <u>/</u> /	
	DOB: <u>/</u> _		DOB://	
	CT (does not live at the same ad			
Name:		Relationship:		
Contact Number:				
SUBSCRIPTIONS:				
Tick:				
\$55.00 12 Mc	onth Membership (3 duties mu	st be completed in your f	irst three months)	
	onth Membership (no duties)			
\$10.00 Trial N	Nembership (4 week members	ship, no duties required)		
ROSTER DUTIES				
To keep the toy libro	ary running, we ask each me	ember to complete three	duties. Unless these are paid	
out, members must s	ign up for their <u>3 duties within</u>	3 months of membership	<u>renewal</u> .	
☐ You will rece	ive \$5 credit towards toys for	each duty completed		
Duties can be	e completed by any adult me	ember of the family		
You are able	to bring your children with yo	u if this makes it easier		
\square I am interested in j	oining the Toy Library Commit	tee		
\square My partner or I h	ave skills, access to products	or services that we cou	ld contribute to the toy library	
(e.g. Carpentry, Elec	trical, Toy Mending, Sewing, e	etc)		
How did you hear ab	oout the toy library?		_	
PAYMENT				
•	ide by cash, EFTPOS or by inte al New Zealand Plunket Trust - 02 0500	ū	e the hyphen)	
	Please use your Surname	and 15105 TL as a refere	ence.	
I have paid \$	to Opawa St Martins F	Plunket Toy Library Signatu	vre:	