

## **MEMBERSHIP FORM**

(Please ensure that you fill out this form completely)

ID Sighted	
Alternate	
contact	

Name:						
Address:						
Contact number: _		_				
Children:	DOB:	/		DOB;	/	
	DOB:	/		DOB:		
ALTERNATIVE CONT.	ACT (does not live at the same	add	ress):			
Name:			Relationship:			
Contact Number: _						
SUBSCRIPTIONS:						
Tick:						
	Nonth Membership (3 duties		t be completed in yo	ur first three months)		
	Month Membership (no duti					
\$10.00 Iriai	Membership (4 week meml	bersi	nip, no auties required	a)		
ROSTER DUTIES						
	orary running, we ask each sign up for their 3 duties wit		·		iese (	are paid
🛮 You will red	ceive \$5 credit towards toys	for e	each duty completed			
Duties can	be completed by any adult	mei	mber of the family			
🛮 You are abl	le to bring your children with	ı you	ı if this makes it easier			
$\square$ I am interested in	n joining the Toy Library Com	nmitt	ee			
$\square$ My partner or I	have skills, access to produ	ucts	or services that we c	could contribute to t	he to	oy library
(e.g. Carpentry, Ele	ectrical, Toy Mending, Sewin	g, et	·c)			
How did you hear o	about the toy library?					
PAYMENT						
•	nade by cash, EFTPOS or by yal New Zealand Plunket Tru 02 0	ıst - (	ŭ	ude the hyphen)		
	Please use your <b>Surnc</b>	ıme	and 15105 TL as a ref	erence.		
I have paid \$	to Opawa St Marti	ns Pl	unket Toy Library Sign	ature:		