



Renewal Month : \_\_\_\_\_

### Diamond Valley Toy Library Inc. A0029784R

## Membership Form

Surname : \_\_\_\_\_ First Name : \_\_\_\_\_

Address : \_\_\_\_\_

Suburb : \_\_\_\_\_ Postcode : \_\_\_\_\_

Home Ph : \_\_\_\_\_ Work Ph : \_\_\_\_\_ Mobile : \_\_\_\_\_

Email Address : \_\_\_\_\_

ID (eg. Driver's Licence) \_\_\_\_\_ Council you reside in (for Grant purposes) : \_\_\_\_\_

### Please tick the type of Membership appropriate for you :

- Standard (\$40)    
  Concession (\$30)    
  Grandparents (\$30)    
  Short Term (3 months \$20)

If applying for a Concession Membership, please record your Concession Card number : \_\_\_\_\_

### Please provide details of children using the Diamond Valley Toy Library (DVTL)

Name of Child	Date of Birth	Current Age	Gender

I give permission for DVTL to hold my child/s information for DVTL purposes only

### Please tick the session you would prefer for your Roster Duty :

- Tuesday Evening 6.45pm – 8.30pm                     
  Friday Morning 10.15am – 12 noon  
 Saturday Morning 10.15am – 12 noon

I agree to have my phone number printed on the roster each term. Please use my  home or  mobile number

Yes, please include me on your email distribution lists for information on DVTL news, events and duty rosters.

### Are you interested in joining the Committee or a Working Group?

- Yes                     
  No                     
  Later (we will call you to discuss)

How did you find out about our service? (please tick)

Internet                     
  Newspaper Article  
 M&CH Centre    
  Playgroup / Day Care Facility    
  Friend / Member    
  Display Stand

I would like to become a Member of the Diamond Valley Toy Library Inc., and agree to abide by the rules as given to me. I understand that I am required to complete at least one duty per term and that my Membership is non-transferable.

Signed : \_\_\_\_\_ Date : \_\_\_\_\_

Please make your cheque or money order payable to Diamond Valley Toy Library Inc.