



# NEW MEMBER APPLICATION FORM

Annual Subscription  
 \$50 (\$40 conc.) - one child, eligible to borrow 4 items  
 \$60 (\$45 conc.) - two children, eligible to borrow 8 items  
 \$70 (\$50 conc.) - three or more children, eligible to borrow 12 items  
 Concession on presentation of current Health Care card

Supported by



CITY OF  
**MONASH**

Please pay by cheque to 'Oakleigh/Clayton Community Toy Library'. Payments can be made at the toy library during any session or by mail to PO Box 2244 Oakleigh Vic 3166

<b>Please note that Carer 1's name and contact number will be listed on the duty roster</b>	
Carer 1 Name:	Carer 2 Name:
Phone Number. of Carer 1 ( <b>compulsory</b> ):	Mobile Phone Number:
Address:	
Suburb:	Post Code:
Number of Children Joining:	
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
I found out about the toy library from: Friend MCHN Book Library Internet Other _____ (please circle)	
If you found us from the Maternal Child Health Nurse which centre: _____	
If you found us from the Book Library which library: _____	

Duty	<b>COMPULSORY Roster Preferences:</b> Please mark availability in order of preference (eg: 1,2,3) Tuesday 9:50 - 11:10am _____ (1 <sup>st</sup> & 3 <sup>rd</sup> of the month) Wednesday 6:50 - 8:10pm _____ Saturday 9:50 - 11:10am _____
Rosters Email	Your duty roster will be sent to you via EMAIL. Please clearly write your email address _____
Skills	Do you have any skills you could offer the toy library? For example: <b>Sewing Bags, Toy repair, Fundraising, Other</b> _____ (please circle)
Committee	Please indicate if you are interested in joining the committee (Committee members are entitled to an additional (Green Spot) toy) <b>Yes</b> <b>No</b>

I apply for membership of the Oakleigh/Clayton Community Toy Library for my child/ren and enclose the appropriate subscription. I agree to comply with the rules and constitution and to indemnify the Oakleigh/Clayton Community Toy Library, its' members and staff against all loss or liability however caused, arising from borrowing by or through me, of any toys, games or other items. I realise that I am responsible for the cost of replacement/repairs for toys/pieces lost or damaged while on loan to me. As the Toy Library is run solely by volunteers, I agree to do a quarterly roster duty and a yearly stocktake duty and receive regular emails from the Toy Library on my specified email address.

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

If you have any questions about filling up the form, or about memberships, please ring the Membership Secretary on 0409 010 504.

**IMPORTANT: DUTY MEMBER PLEASE ENSURE ALL SECTIONS BELOW ARE COMPLETED**

Duty Member Name: \_\_\_\_\_ Membership No: \_\_\_\_\_ Annual subscription \$ \_\_\_\_\_  
 Healthcare Card No.: \_\_\_\_\_ Photo ID Type: \_\_\_\_\_ Photo ID No. \_\_\_\_\_  
 CASH or CHEQUE (please circle) Receipt No: \_\_\_\_\_ Receipt Date: \_\_\_\_\_