

Membership Number:

# FRANKSTON TOY LIBRARY MEMBERSHIP APPLICATION FORM

**Parent/Guardian 1**

Surname:

Name:

Email:

Mobile:

Address:

Phone:

Occupation/Skills:

**Parent/Guardian 2**

Surname:

Name:

Email:

Mobile:

Address:

Phone:

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: