




Belmont Toy Library Inc.
South Barwon Community Centre
33 Mount Pleasant Road, Belmont


Established 1987
 Registration No. A0050522Y

Opening Hours: Saturday 9:00 am – 10:30 am

The toy library is closed over school holidays, long weekends and at other times as advised.

 belmonttoylibrary@y7mail.com

 belmonttoylibraryvictoria.org.au

 facebook.com/BelmontToyLibrary

NEW Membership Form

Name: _____

Address: _____ Post code: _____

Phone number - Mobile: _____ Home: _____

Email address: _____

I accept responsibility to receive my roster/correspondence via this email address. _____ (Signature)

Driver's licence #: _____

Children's Details

Name: _____ D.O.B. ___/___/___

Name: _____ D.O.B. ___/___/___

Fees *Please circle the payments being made.

General Membership Rates			
	1 Child	2 Children	3+ Children
Joining fee for new members <small>*Only payable once if membership kept current</small>	\$10		
Annual Full Membership	\$50.00	\$54.00	\$58.00
Concession Membership	\$40		
Casual Membership	\$5 per toy + \$10 Joining fee		

Sub Total \$ _____ + \$10.00 (joining fee) = \$ _____ Total
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Fees can be paid by direct bank deposit using the following details.

BSB: 633108 (Bendigo Bank)

Account No: 101966588

Account Name: Belmont Toy Library

*Please use your surname & initial as the reference so we know who has paid and return this form to the Belmont Toy Library.

How did you hear about the Belmont Toy Library? (Please circle)

Website Word of Mouth Health Centre Just walked by Other _____

Please read the Principles of Operation document. If you agree with the 'Principles of Operation', please complete this form and return with payment to the above address or hand to a committee member.

I agree to abide by the 'Principles of Operation' & I agree to participate in duty and stock take.

Signature: _____ Date: ____/____/____

Please read and sign the Belmont Toy Library Waiver, Release and Indemnity for Bicycles and Scooters.

Office Use Only

Date: / /

Method of Payment:

Receipt Number:

Concession Card Sighted?

Membership Number Issued: _____

Details Entered on: SETLS

SETLS automatic emails turned on:

Helmet Waiver Signed: Yes/No

Committee Member Initials: _____