## MEMBERSHIP APPLICATION FORM



PERSONAL DETAILS				How did you hear about the Toy Library?
FAMILY NAME:				Toy Library :
MOTHER/CARER NAME	i:			
FATHER/CARER NAME:			HELP REGISTER  Are you able to offer any	
RELATIONSHIP TO CHILDREN:				
ADDRESS:			skills to the toy library,	
				such as
PH: HOME: BH/MOB:				Computer/IT support
EMAIL ADDRESS:			Publicity	
DRIVER'S LICENCE NO./OTHER ID:			Marketing	
DRIVER'S LICENCE NO./OTTLER ID.			Sponsorship	
CHILDREN ON THIS ME	MBERSH	IIP		·     Visual displays/Graphic design
CHILD'S NAME	M/F	AGE	DATE OF BIRTH	Event management
522 52				Committee of Management
				Toy maintenance
				Fundraising
				Other:
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