

PO Box 37-138,
Halswell,
Christchurch 8245
Phone: 027 453 0870

Halswell Toy Library Inc. Membership Form



Name _____ Partner's Name _____
Address _____ Suburb _____
Phone (Home) _____ Work/Mobile _____
Email _____

Tick if you would like to receive our e-newsletter (sent quarterly through the year....hopefully)

Alternative Contact *(This person must be able to pass a message on to you)*

Name _____ Phone _____
Relationship _____

	Child A	M/F	Child B	M/F	Child C	M/F
First Name						
Surname						
Date of Birth						

Ethnic Background (required for funding and statistical purposes)

NZ European Maori Pacific Islander Asian Other _____
Please specify

I heard about the Halswell Toy Library from: Friend Notice board Flyer
 Plunket Web Other- _____
Please specify

What skills do you have that could help us? _____

I'm interested in joining the committee & would like more information

Community Services card No: _____
Exp Date: _____

Type of Membership: I **wish/do not wish** to do duty.
I **have/have not** got a Community Services card
I wish to join as a grandparent

*I confirm that I have read a copy of and will abide by all **Membership Terms and Conditions** of the Halswell Toy Library.*

Signed (Member) _____ Date _____
Signed (Librarian) _____

Date	Fee: Duty/no Duty	Date Paid	Signed by member	Signed Librarian	Duty Days
2018 - 2019					
2019 - 2020					
2020 - 2021					
2021 - 2022					