



MEMBERSHIP FORM

For office use
Membership No:
Payment received:
Register updated:

Membership period:	01/01/2011 - 31/12/2011
Membership fee:	\$ Cheques payable to <u>Toy Libraries Victoria Inc.</u>
Please return this form with payment to:	Toy Libraries Victoria 1 Winter Street Malvern VIC 3144

Please complete all sections clearly

Name of Toy Library:		
Location of Toy Library: (if your Toy Library has more than one location, please complete one form for each)		
Municipality in which Toy Library is situated:		
Toy Library phone number:		
Toy Library email address:		
Toy Library website address:		
Permission to publish the above details in public listings: <i>(Public listings include TLV's website, Yellow Pages, Melbourne Child, etc)</i>	<input type="checkbox"/> yes	Comments:
	<input type="checkbox"/> no	

Contact Details:

Paid Co-ordinator:	
Name of Contact Person (if not paid co-ordinator):	
Mailing Address:	
Phone number:	
email address:	
Name/s of other paid staff:	

Toy Library Details:

Toy Library opening hours:		
Membership fees:		
Are members required to work at the Toy Library?	<input type="checkbox"/> yes	If yes, how often?
	<input type="checkbox"/> no	
Are members required to fundraise?	<input type="checkbox"/> yes	If yes, how much and in what way?
	<input type="checkbox"/> no	
Permission to publish opening hours and membership fees on the TLV website?	<input type="checkbox"/> yes	Comments:
	<input type="checkbox"/> no	

What are your borrowing rights?			
Are there any restrictions on membership of your Toy Library?	<input type="checkbox"/> yes <input type="checkbox"/> no	Comments:	
What age range does your Toy Library cater for?			
What was the maximum number of families that your Toy Library had in the 2010 calendar year?	_____ families	Approx how many children did that involve?	_____ children
Does your Toy Library cater for groups?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how many groups were members of your Toy Library in the past twelve months? _____ groups	
Is your Toy Library not for profit?	<input type="checkbox"/> yes <input type="checkbox"/> no	Is your Toy Library incorporated?	<input type="checkbox"/> yes <input type="checkbox"/> no
What is your Toy Library's ABN?			Are you registered for GST? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you require TLV to arrange insurance cover for your Toy Library under its Group Policy in 2011?			<input type="checkbox"/> yes <input type="checkbox"/> no
Does your Toy Library receive any funding from Council or other organizations?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please specify source, amount and duration of funding:	
What are the most challenging issues currently facing your Toy Library?			

Please note this information will be shared through the register of members and in our members area website.

Thank you