



ooranga family mobile resource unit assoc inc

OORANGA MEMBERSHIP FORM 2024

Playgroup

Toy Library

If your child attends an Ooranga preschool, please specify

I _____
(full name of applicant)

of _____

(applicant's address)

Hereby apply to become a member of the above named Incorporated Association. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Mobile: _____

Email Address: _____

Signature of Applicant: _____ Date: _____

Name of Children	DOB
_____	_____
_____	_____
_____	_____
_____	_____

Are you of Aboriginal or Torres Strait Islander decent? YES/NO

Do you hold a Health Care Card? YES/NO

Are you of a culturally and linguistically diverse background? YES/NO

Office Use Only: MYOB Invoice No: \$..... Date emailed:/...../.....

Cash Payment Receipt Number: Date paid:/...../.....

Input to Membership s/sht and Email address book:/...../.....



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Please list all families members that may attend playgroup with you or on your behalf (parent, grandparents, au pairs and carers):

Is your child/ren vaccinated? [] Yes [] No

While it is not a requirement to attend playgroup, we will use this information to advise you of any outbreak of infectious diseases that may occur.

PUBLICITY AGREEMENT

I hereby give consent for my child/ren to be photographed for publicity for Ooranga, should this be required.

- [] Ooranga FMRU Facebook page
[] Private Facebook group for playgroup location only
[] Newspaper etc

Signature: _____ Date: _____

Office Use Only: MYOB Invoice No: \$..... Date emailed:/...../.....
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