



ooranga family mobile resource unit assoc inc

Membership Expiry Date: _____

Membership Level: _____

Receipt number: _____

TOY LIBRARY MEMBERSHIP

I, _____
(Full name of applicant)

of, _____
(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.

Telephone—Home _____ Mobile _____

Email _____

Signature of Applicant _____ Date _____

Membership Level: Gold Silver Bronze Casual Complimentary

Name of Children

Date of Birth

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

Is your child/children already attending any of the following Ooranga Centres? If yes, please complete.

Pre-school Centre: _____ Playgroup Location: _____

Are you of Aboriginal or Torrens Strait Islander decent? Yes No

Are you entitled to a Health Care Card? Yes No

Are you of a culturally and linguistically diverse background? Yes No