|  |  |  |
| --- | --- | --- |
| Proof of Address sighted |  |  |
| Secondary contact  (not at same address) |  |  |

## toylibrary_all ANNUAL MEMBERSHIP RENEWAL FORM

**Full Name/s of Members:** …....................……………………………………………………………..………………..........................  
  
**Please confirm the following details:**  
**Christchurch Residential Address:** ……………………………………………………………..………………...................................

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……………………………………………………………..……………........................…...........

**Contact Phone Numbers:**

Hm: …………………………………………………...........…………..………………..

Mb: …………………………………………............…………………..………………..

**Email address:** …………………………….....................................................................@………………….............…....……..

Is this information confidential (i.e. not to be stored on your membership card)? **Yes / No**

*Your details are only used by the Librarian and/or committee members to contact you.*

**Children’s details** (under 9 years)

**Name**  **Date of Birth**

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**Membership Type:**

**c I/we agree to 4 rostered duties per membership year and agree to pay $45.00 membership subscription   OR**

**c I/we opt out of rostered duties and pay a membership subscription of $95.00**

I can help by doing additional roster duty on an on-call basis Yes     No

The committee can contact me/us to help with fundraising e.g. sausage sizzles   Yes     No

**I/we** ………………………………………………..…………………………. **agree** to abide by the Rules set out in the Membership Information and Rules booklet (Rules) and the Terms set out above (Terms). I/we have read and understood the Rules and Terms.

**Signed:**  **Member(s):**  **….......**………………………………………………………… Date: ………/……../……….......