



ooranga family mobile resource unit assoc inc

Playgroup Membership Form

YEAR

I _____
(full name of applicant)

of _____
(applicants 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.

Contact information:

Phone: _____ Mobile: _____

Email Address: _____

Signature of Applicant: _____ Date: _____

Playgroup location: _____

Name of Children	DOB
_____	_____
_____	_____

- Are you of Aboriginal or Torres Strait Islander decent? YES/NO
- Are you of a culturally and linguistically diverse background? YES/NO
- Do you hold a Health Care Card? YES/NO

PUBLICITY AGREEMENT

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

Signature: _____ Date: _____

Are you already affiliated with Ooranga FMRU though one of the following? Membership is only paid once. Please tick: Preschool Toy Library

Office Use Only	
Enrolment Form Completed	
\$20 Membership fee paid	
Date	

PLEASE FILL IN YOUR CHILD'S IMMUNISATION DETAILS SHOWN ON THE BACK OF THIS FORM