



ooranga family mobile resource unit assoc inc

# Toy Library Membership Form

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 \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Children

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____

Is your child/children attending an Ooranga Preschool or Playgroup?      Yes      No

If yes, which service? \_\_\_\_\_

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