

Membership Form - DPC and Toy Library

Date: _____

YOUR PERSONAL DETAILS

YOUR NAME: _____ PARTNER'S NAME: _____

PREFERRED NAME: _____ PARTNER'S PREFERRED NAME: _____

ADDRESS: _____

POSTCODE: _____

HOME PHONE: _____ WORK PHONE: _____

HOME EMAIL: _____ MOBILE PHONE: _____

CHILDREN'S DETAILS

First Name	Surname	Date of Birth	Gender
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First Name	Surname	Date of Birth	Gender
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Membership Options (Please tick one of the following)

1 year full membership	\$85.00	<i>Community Services Card Memberships</i> Comm Services Card No. _____ Exp _____
2 year full membership	\$160.00	1 year Comm Services Card Member (no Kiwiparent) \$45.00
1 year committee membership	\$65.00	1 year Comm Services Card Member (with Kiwiparent) \$65.00

How did you hear about joining Parents Centre?

Are you interested in becoming more involved in Parents Centre? YES / NO / Maybe in future

If yes, when shall we contact you? Date: _____ Your area of expertise: _____

Your Dunedin Parents Centre Membership entitles you to FREE use of our Toy Library

[Toy Library Roster](#) - You will be rostered to help at a Saturday Toy Library session 2-3 times per year

Payment Method

Internet Banking Westpac 03 0903 038132600 Ref: _____, Date: _____ Cheque / Cash

Please post this form once payment has been made (if cheque, payable to Dunedin Parents Centre) to:

Membership Officer, PO Box 7126, Mornington, Dunedin 9040

Enquiries: Phone Dee on 4544069

Please tick if you DO NOT wish to receive offers from affiliated companies

NOTE: This information will be used for Parents Centre membership, courses and compilation of national statistics. Individuals may view and correct information about themselves by contacting their Membership Officer.

Office Use Only	Amount Paid: _____	Membership No.: _____	Date Actioned: _____
Date forwarded to Treasurer: _____	TL No.: _____	Date scanned to Toy Library Membership Secretary: _____	