

Toy Library Membership Form

Family

Applicant Name:			Date:	
Residential Address:				
Postal Address:				
Email Address:				
Phone:		Mobile:		
Children's Names	Child 1		DOB	
	Child 2		DOB	
	Child 3		DOB	
	Child 4		DOB	
Organizations/Schools/Early Childhood Services				
Business:			Date:	
Contact Person:				
Address:				
Postal Address:				
Email Address:				
Phone:		Mobile:		

Fees Applicable

Family:	\$30.00
Family Day Care Provider:	\$40.00
Early Childhood Service:	\$60.00
School or organization:	\$70.00
(e.g. 2 or more children's services attached to an organization).	

Conditions of Membership

I, the undersigned agree to borrow items from the Toy Library under the following terms and conditions as outlined in the Toy library Policy:

1. I agree to return all items within the prescribed borrowing period.
2. I agree to return all items in a clean and hygienic condition.
3. I agree to pay all charges for late returns of items.
4. I agree to pay for all damage or loss that occurs to any item while in my possession and the loss or damage may result in charges in excess of \$100.00.
5. I understand that the ability to borrow items may be revoked temporarily, or forfeited completely for the following reasons:
 - Failure to return items
 - Failure to pay fees for overdue, lost or damaged items
 - Consistently returning items in an unhygienic or dirty condition
6. I agree to use to use borrowed items in the intended manner and to use them safely.
7. I understand that I am required to renew my membership each year. A Tax Invoice will be emailed when renewal is due. All memberships which have not been renewed within three months of expiry will be considered ceased.

I acknowledge that it is a condition of borrowing that I will not hold the Snowy Valleys Council Toy Library responsible for any accidents, harm and/or loss suffered by any person which may result of having borrowed any item from the library, whether or not that damage is caused by any fault or negligence on the part of Councils Toy Library. Further, I agree to indemnify and keep the indemnified Councils Toy Library against all actions, expenses, claims and demands brought forward on my behalf arising out of or in any way connected with the Toy Library Program.

Name: _____

Signature: _____

Date: _____

Please note: Snowy Valleys Council Staff are not allowed to take cash for Toy library membership.

Fees can be paid by cheque or direct deposit to Toy Library;

Bank: National Australia Bank

BSB: 082-865

Account name: Snowy Valleys Council

Account number: 509961517

Please state family name & 'toy library' for reference.

PRIVACY STATEMENT

Snowy Valleys Council is collecting your personal information solely for the purpose of administering this application and the processing of the Toy Library.

Snowy Valleys Council will take all reasonable and appropriate steps to protect the privacy of individuals having regard to the requirements of the *Privacy and Personal Information Protection Act 1998* and the *Government Information (Public Access) Act 2009*. Council will not disclose your personal information to any person or body if it is not directly related to the purpose for which the information was collected. Questions concerning privacy or the use of your personal information may be referred to Council's Public Officer.