



Membership Application Form

Please ✓ required membership type

<input type="checkbox"/>	Personal Membership	\$25	Surname: _____
<input type="checkbox"/>	Student Membership	\$15	First Name: _____
<input type="checkbox"/>	Family Membership	\$50	Business Name: _____
<input type="checkbox"/>	Corporate Membership	\$70	Postal Address: _____
<input type="checkbox"/>	Community Group Membership	\$35	_____
<input type="checkbox"/>	Personal plus Toy Library	\$40	Phone: _____ Fax: _____
<input type="checkbox"/>	I have read Toy Library Conditions		E-mail: _____
<input type="checkbox"/>	Family plus Toy Library	\$65	<input type="checkbox"/> Membership fee of \$ _____ cash enclosed.
<input type="checkbox"/>	Associate Membership	\$10	<input type="checkbox"/> Chq for \$ _____ made payable to Beacon Central CRC
			<input type="checkbox"/> Please charge membership to my account.
			<input type="checkbox"/> Please tick if you prefer invoices to be emailed.

See over for membership classifications.

I wish to become a member of the Beacon Central Community Resource Centre and
 I acknowledge responsibility for payments of fees and accounts from my nominated
 users and to abide by conditions of membership as set down from time to time by
 Management Committee and Coordinator.

List Nominated Users: _____

Signature.....(if under 18 years Parent or Legal Guardian to sign)

Thank you again for your support of Beacon Central Community Resource Centre

Office Use Only:

Date.....Payment Type.....Recorded by.....