

2017 Playgroup Membership Application



Annual fee: \$70 (inc. GST) Need help? Call toll free 1800 171 882

Playgroup information

Member number (if known): _____ I am renewing my Playgroup membership

Playgroup name: _____

Playgroup website: _____ Playgroup Facebook page: _____

Playgroup venue

Venue name: _____

Address: _____

Suburb/town: _____ Postcode: _____

Municipality: _____

Venue type (please tick):

Aged care facility Church hall Maternal and child health centre Hall/centre Kindergarten
 School Private home Neighbourhood house Other (please specify): _____

Primary contact – can access playgroup information online

Member number (if known): _____ **OR**

First name: _____ Gender: _____

Surname: _____

Phone (home): _____ Mobile: _____

Email: _____

Address: _____

Suburb/town: _____ Postcode: _____

Municipality: _____

Secondary contact – can access playgroup information online

Member number (if known): _____ (if same as primary contact write 'as above') **OR**

First name: _____ Gender: _____

Surname: _____

Phone (home): _____ Mobile: _____

Email: _____

Address: _____

Suburb/town: _____ Postcode: _____

Municipality: _____

'Find a playgroup' contact – can access playgroup information online

Member number (if known): _____ (if same as primary contact write 'as above') **OR**

First name: _____ Gender: _____

Surname: _____

Phone (home): _____ Mobile: _____

Email: _____

Address: _____

Suburb/town: _____ Postcode: _____

Municipality: _____

2017 Playgroup Membership Application *(continued)*

'Find a playgroup' information for publication Playgroup Victoria's website

Playgroup name: *As indicated under 'Playgroup information'*

Playgroup address: *As indicated under 'Playgroup venue'*

Playgroup contact: *'Find a playgroup' contact, first name only*

Phone: *'Find a playgroup' contact, home/mobile*

When your playgroup meets:

Day: _____ Time: _____

Session duration: 60 minutes 90 minutes 120 minutes Other (please specify): _____

Session frequency: Weekly Fortnightly Other (please specify): _____

Session information:

Private (not accepting new members)

Venue type (please tick):

Baby Culturally specific Disability Indigenous Roster

Christian Dads Grandparents Montessori Steiner

Weekly attendance fee: _____

Session type: Community Supported

Play leader: Yes No

Vacancy: Yes No

New session: Yes No

Does your playgroup require insurance? (please tick): Yes No

Playgroup 50 word description:

Payment

Credit card: complete credit card details and return to Playgroup Victoria at the address below, fax to 03 9380 6733, or email to membership@playgroup.org.au.

Amount and payment details *(please complete relevant sections)*

\$70

Credit card

Name on card: _____

Card no.: _____ / _____ / _____ / _____

Mastercard Visa Expiry date: ____ / ____

Signature: _____

Member privacy

Playgroup Victoria takes the utmost care with your personal information. We will only use your information to establish your membership account, advise designated contact people at your playgroup of your membership status or communicate with members.

RETURN THIS FORM

Post: Reply Paid 69584, Brunswick, Victoria 3056
(no stamp required)

Fax: 03 9380 6733

Email: membership@playgroup.org.au

* Members who provide an email address and mobile phone number give Playgroup Victoria permission to communicate with them via email or SMS.