



Association Membership 2017

Office Use Only: Date Rec'd: / /
 Member No:
 Certificate Issued:

PLAYGROUP DETAILS:

Association/Playgroup Name:	
Venue Address:	
Contact Person:	
Session Times:	Monday Tuesday
Session Costs \$	Wednesday Thursday
	Friday Sat/Sun
Numbers Attending;	Families Children

Are there any children with additional needs attending your group? Please Specify:

MAIN CONTACT PERSON FOR CORRESPONDENCE AND PLAYGROUP ENQUIRIES

Full Name:	
Contact Phone:	
Contact Email:	
Mailing Address:	
Signature:	Date

PAYMENT DETAILS

Payment Method:

Cash Cheque Credit

Credit Card No _____ / _____ / _____ Exp Date ____ / ____

Cardholders Name _____

Signature _____

Membership	\$100.00
Total	\$

Please post completed form to:

Playgroup Tasmania
P O Box 799
Launceston 7250

To enable us to advise potential members about your playgroup, please complete the following for each session that you offer:

- Does your playgroup have a special focus? Yes/No
(eg: music, drama, other language) _____
- Does your playgroup offer structured play/craft activities? Yes/No
- Does your playgroup meet during school holidays? Yes/No
- Does your playgroup have an outdoor area? Yes/No
- Does your playgroup offer excursions? Yes/No
- Does your playgroup eat a shared morning tea/snack time? Yes/No
- Does your playgroup promote healthy eating and drinks? (eg, fruit,water) Yes/No
- Does your playgroup have a nut free environment? Yes/No
- Does your playgroup cater for children with special needs? Yes/No
If yes, give details _____
Wheelchair access? Yes/No
- Toy Hire– Do you agree to abide by the terms & conditions for toy hire as set out by Playgroup Tasmania? Yes/No/Not Applicable

In a few words, how would you describe your playgroup to a potential new member?
