

## MEMBERSHIP APPLICATION FORM

**Please select type of application:**

New application                       Renewal

**Please select type of membership:**

Individual     Small organisation representing less than 10 toy libraries  
 Toy Library     Large organisation representing 10 or more toy libraries

**Name of Individual/Toy Library/Organisation:** \_\_\_\_\_

**Contact person name and surname: Mr / Mrs /Ms / Prof / Dr:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_

**Province:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

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### Terms and Conditions

1. Membership is renewable annually and runs from 1 January to 31 December
2. Applications received from January to September will pay the full membership fee and membership will expire 31 December
3. Applications received from October to December will pay the full fee and membership will expire on the 31 December the following year
4. Discounted training and registration for events/conference is available to all TLASA members with up to date membership

### Membership benefits

1. 20% discount on training offered by TLASA
2. Quarterly regional workshops
3. Quarterly newsletter
4. Access to website information which is exclusive to members
5. 10% discounts on Toy Library Conference
6. All organisations will receive a TLASA membership certificate for each of their toy libraries

### Membership fees

Type of Membership	Fee (incl VAT)	Enter Amount
Individuals	R287.50	R
Toy Library	R287.50	R
Small organisation (less than 10 toy libraries) <b>submit list of all</b>	R690.00	R
Large organisation (10 or more toy libraries) <b>submit list of all</b>	R920.00	R
<b>Banking Details</b>	<b>Amount due</b>	R
<b>Please take note!</b>		
Account Name: Cotlands Bank: Standard Bank Branch Code: 00-60-05 Account Number: 200045288 VAT Number: 4090106321 Use your surname or name of organisation as the reference for	Please email a copy of your proof of payment together with your application form to: <a href="mailto:members@tlasa.org">members@tlasa.org</a>  Please send us a brief description of your toy library and the community you serve.	

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

### For Official Use Only

Membership No.:	Payment verified: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date captured:	Certificate issued:
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*"A toy library within the reach of every child"*

**ADDITIONAL TOY LIBRARIES INFORMATION**

1. **Name of small/large organisation:** \_\_\_\_\_  
**Contact person name and surname: Mr / Mrs /Ms / Prof / Dr:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**Suburb:** \_\_\_\_\_ **Province:** \_\_\_\_\_  
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