

Membership Application Form

Main contact complete this section

Name of Organisation (if applicable):

Title: Mr / Mrs / Ms / Miss
Name:

Role, e.g.- Parent, Carer, Childminder
etc:

Address:

Post Code:

Telephone:

Email:

Place where equipment will be used
(if different from above):

Please tell us where you heard about Aladdin's Cave

What Next?

Once you have completed the application form, please send it to the address below or bring it to the school, along with two forms of identification for proof of address. If you need any help or have any questions please call us or email us. Thank you for joining Aladdin's Cave.

Beacon Hill Academy

Erriff Drive
South Ockendon
Essex
RM15 5AY

Tel: 01708 852006

Email: aladdinscave@beaconhill.thurrock.sch.uk

For office use only

Date received:

Membership No:

Aladdin's Cave Borrower Agreement

- I have seen and agree to the terms and conditions, available on our web site or a copy can be sent out on request
- I will take responsibility for items that I borrow.
- I will try to return them in the same state that they were in when they were borrowed.
- I will report any losses or damage immediately to the staff.
- I understand that I am responsible for any damage, injury or loss resulting from misuse of the equipment.
- I understand that I may be charged a nominal fee for broken equipment.
- I will have fun and enjoy using the resources I have borrowed.

Please note: If your account has no activity for two years, your details will be removed from our system.

I agree to abide by the Aladdin's cave terms & conditions and Borrower Agreement.

Signed

Date