



Shed West Community Men's Shed Inc.

PO Box 391, Kenmore, Qld. 4069
98 Brookfield Road, Kenmore Hills, Qld. 4069

Phone 07 3878 2825

ABN: 3800-939-5013

APPLICATION FOR MEMBERSHIP

Please note: All information about you stored by Shed West is available to you (& can be amended by you at any time) on your request to the Membership secretary.

Annual Fee: \$60 (\$30 after Jan 1)

Name: D.O.B:
Preferred First Name:
Address: Postcode:
Home Phone.....or Mobile.....
E-mail.....

Emergency Contacts: Please provide at least one emergency contact number

(1) Name: Phone
Relationship to you: Mobile
(2) Name: Phone
Relationship to you: Mobile

Disclaimer: I will participate in Shed West activities with the understanding that Shed West will take reasonably practical efforts to maintain a safe environment for its members. Shed West’s representatives and people appointed as supervisors in the Shed will make reasonably practical efforts to provide a safe environment and an atmosphere promoting wellbeing, but do not take responsibility for individual personal health.
Shed West takes no responsibility for the loss or damage of any personal items taken to or from the Shed.

Insurance: As a member of Australian Men's Shed Assoc.(AMSA 100068) Shed West holds Public and Products Liability and Association Liability insurance to a maximum of \$40.000.000. For further information contact the Secretary or Treasurer.

Acceptance and process of Membership Application:

This application form *must be accompanied by the membership fee* and must then be accepted by the Management Committee. You will be notified by e-mail or letter following acceptance of the application by the committee, which usually meets on the third Wednesday of each month. Pending acceptance of your application, you may commence participation in Shed activities once the membership fee has been paid and this form has been submitted to Shed West.

Payment:

Fee may be paid in cash, cheque or EFT at the Shed West, or direct bank transfer to:

ShedWest Community Men’s Shed (Inc) Account Bank of Queensland.

BSB no: 124 029 A/C 23330018

***Important* If paying via a bank transfer, ensure the applicant’s name is entered into the bank transfer information so we know who and where to assign the money.**

I have paid \$..... by (circle relevant)

Bank Transfer

EFTPOS

Cash

Cheque

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Privacy Statement.

The Shed West Community Men's Shed Association Inc. collects personal information on this form to facilitate your membership and safety in the Shed. The information will be kept secure and only provided to members who need to know for membership or safety purposes. If you wish to change any personal information, please contact the Secretary.

Skills and Interests (Optional for renewing members)

Please provide details of your skills and interests.

This information can help Shed West management improve the "Shed experience" for you and other members.

Occupation and professional / trade skills:

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.....
.....

Hobbies and interests (including activities you would like to be involved with at Shed West):

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.....

Medical Limitations

Please list any health/medical conditions (e.g. cognitive decline; neurological condition etc.) that may limit your capacity or ability to safely operate machinery or undertake tasks:

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.....

Physical Limitations

Please list any physical limitations (e.g. vision/hearing/back/mobility problems etc.) that may limit your capacity or ability to safely operate machinery or undertake tasks:

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- The person nominated as my Emergency Contact has been shown this Application prior to submission.
- I agree to make myself aware of and to observe all Shed West safety procedures and rules. I also agree to have my name, email address, and phone number(s) placed on a distribution list supplied to Shed West Community Shed members to be used in the in the performance or functions of Shed West business only.

Signature.....Date.....

Proposed by..... (name)..... (signature)

Seconded by..... (name)..... (signature)

OFFICE USE ONLY

		<u>HOW PAID</u>	<u>*REFERENCE</u>
Date Received: ___/___/___	Amount Received: \$.....	Cash <input type="checkbox"/>
Membership N ^o : _____	Receipt Number:	Direct Debit <input type="checkbox"/>
Date Entered: ___/___/___	Ratified Date: ___/___/___	Cheque <input type="checkbox"/>
		EFTPOS <input type="checkbox"/>

* Please note the receipt book number; cheque number etc. or staple the EFTPOS receipt to the front page of this sheet.