



Shed West Community Men's Shed Inc.

PO Box 391, Kenmore, Qld. 4069
98 Brookfield Road, Kenmore Hills, Qld. 4069
ABN: 3800-939-5013

Phone 07 3878 2825

MEMBERSHIP RENEWAL

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: \$80

Contact Details:

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.

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 \$80.00 by (circle relevant).

Bank Transfer

EFTPOS

Cash

SHED WEST COMMUNITY MEN'S SHED APPLICATION FORM - PAGE 2

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:
.....
.....
.....

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

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:
.....
.....
.....

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:
.....
.....
.....

- ☐ 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 performance or functions of Shed West business only.

Date: _____ Signed: _____

OFFICE USE ONLY

		HOW PAID	*REFERENCE
Date Received: ____/____/____	Amount Received: \$.....	Cash
Membership N ^o : _____	Receipt Number:	Direct Debit
		Cheque
		EFTPOS

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