



Shed West Community Men's Shed Inc.

PO Box 391, Kenmore, Qld. 4069

98 Brookfield Road, Kenmore Hills, Qld. 4069

Phone 3878 2825

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:\$50 (\$25 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 participate in Shed West activities with the understanding that Shed West will take every effort to maintain a safe environment for its members Shed West,its representatives and people appointed as supervisors in the Shed do not take responsibility for the personal health ,safety and wellbeing of members partiipating in Shed activities.
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 \$20.000.000. For further information contact the Secretary or Treasurer.

Privacy: Shed West will take resonable steps to protect my personal information that it holds about me from misuse and loss ,and from unauthorised access, modification and disclosure.

Acceptance of Membership Applicatiior This application form must be accompanied by the membership fee, and must then 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 first Monday of each month. Pending acceptance of your application, you may commence participation in Shed activities once the membership fee has been paid.

I agree to make myself aware of and to observe all Shed West safety procedures and rules. I also agree to have my name and phone number(s) only, placed on a distibution list supplied only to Shed West Community Shed members.

PLEASE COMPLETE BOTH (2) PAGES

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

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

Secoded by.....(name).....(signature)

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Section 2: Skills and Interests (Optional)

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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NOTE: Voluntry Medical Disclosure Form - Shed West Management strives to maintain a safe situation for all members at the Shed at all times.

For your benefit you may wish to complete the Voluntary Medical Disclosure Form (Form ME-01) and provide your medical information to the Secretary for use in a medical emergency. This information will be kept in a secure manner and will be confidential. It will be provided or disclosed, in part or in full, only to appropriate medical personal, and only if they require it for the immediate management of your health.

OFFICE USE ONLY

Date application received:.....Amount rec'd:.....Cash/cheque/EFT

Membership No:.....Receipt No.....

Date of database entry.....Committee approval date.....