

Complete the membership form to become a member of [Chippenham Shed](#). Your form will not be accepted unless it is completed in full, including the disclaimers overleaf.

Personal Information			
Name:		Known as:	
Address:			
		Postcode:	
D.O.B:		Email:	
Tel no:		Mobile:	
Where did you hear about us?			
Have you seen our website: chippenhamshed.co.uk Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reasons for wanting to join us?			
Tick the activities you're (or maybe) interested in doing and or learning: Weekly Social Meeting <input type="checkbox"/> Workshop Crafting <input type="checkbox"/> Allotment <input type="checkbox"/> Social Events <input type="checkbox"/> Other <input type="checkbox"/>			
Do you have any of the following craft skills? Woodworking <input type="checkbox"/> Gardening <input type="checkbox"/> Metalworking <input type="checkbox"/> Electrical/Electronics <input type="checkbox"/> Furniture Restoration <input type="checkbox"/> Building/Construction <input type="checkbox"/>			
Do you have any of the following organisational skills? Office Admin/Management <input type="checkbox"/> Microsoft Office <input type="checkbox"/> Workshop Management <input type="checkbox"/> Craft Teaching <input type="checkbox"/>			
Other:			
Emergency Contacts			
Contact name:		Contact number:	
Relationship:			
Please state any medical details which we should be aware of the case of emergency (e.g. diabetes, epilepsy, medication) – If you use the workshop or other facilities you must keep us updated of any changes			
Shed Membership Subscription			
The annual subscription is required to help with the upkeep of the shed. The rate for 2024-25 is shown below.			
Payment Options			
Monthly	Quarterly	Half-yearly	Annual
5.40	16.20	32.41	65.00
The fee can be reduced in some special cases. Please speak to Membership Secretary if you are concerned.			
Payment method:	At weekly social via Card <input type="checkbox"/> BACS <input type="checkbox"/> Standing Order <input type="checkbox"/>		
	Account Name: Chippenham Mens Shed, Sort Code: 52-21-30, Account No: 31730019, Ref: "Mems Subs plus your last name" Please talk to the Treasurer or Membership Secretary for further information.		
I confirm that the information supplied is accurate. I am willing to abide by the rules and to uphold the values of the Chippenham Shed.			
Sign and print:		Date:	

Declarations and Disclaimers

You must read in full and confirm your acceptance and agreement to each of the following statements by signing and dating the 3 boxes below.

Print Name:

Safety

I understand that the activities of the Shed carry hazards and I will be doing them at my own risk. I understand that my safety is my own responsibility and confirm that I will comply with the Shed's Health and Safety policy. I will wear any personal protective equipment deemed necessary for any particular item of equipment and will comply with any and all safety instructions. I agree to ensure my full understanding of the instructions for use and safety on every piece of equipment I use, and I will act responsibly to ensure my own safety and that of others. I understand that [Chippenham Shed](#) excludes all liability to the full extent permitted by law and accept that not [Chippenham Shed](#) nor any of its [board of trustees](#) shall be liable for any direct or indirect loss, damage or injury arising from or in connection with my participation in the Shed's activities and I waive all and any claims in this respect.

I hereby consent that I have read, understood, and agree to the above statement.

Signed and dated:

Health

I understand that I must disclose details about my health that might affect me in carrying out the activities in [Chippenham Shed](#). I understand that [Chippenham Shed](#) is not responsible for giving medical assistance or organising carers or medical support beyond seeking help in an emergency or referring me to professional services if they deem me to be at risk.

I hereby consent that I have read, understood, and agree to the above statement.

Signed and dated:

[ALL medical information will be treated as confidential and held securely.](#)

Privacy

I consent to the collection and use of my personal information for the purposes of my membership of [Chippenham Shed](#) and in [Chippenham Shed](#) communicating information to me.

I understand that from time-to-time photographs and videos may be taken within the Shed. I consent to their use by [Chippenham Shed](#) and UK Men's Sheds Association in publications, newsletters and in the media to highlight the good work of Men's Sheds. I understand that this consent can be withdrawn at any time in writing.

I hereby consent that I have read, understood, and agree to the above statement.

Signed and dated:

[ALL medical information will be treated as confidential and held securely. Your personal information will never be distributed, sold, or shared with third parties not stated above, except if required by law.](#)