



# Wilton Men's Shed

## Membership Form

Please complete the membership form to become a member of Wilton Men's 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:	
Armed Forces Veteran			
Service			
Emergency Contacts			
Contact name:		Contact number:	
Relationship:			
Please state below any medical details which we should be aware of in the case of emergency (e.g. diabetes, epilepsy, medication). This will be treated confidentially.			
Shed Membership Fee			
A suggested annual donation of £10 is encouraged. We do not want anyone excluded from the shed because of money. If you really cannot afford this, talk to one of the trustees and we will be able to sort something out for you. There is also a charge of £1 for each shed session attended, this includes a tea/coffee biscuits etc.			
Payment method:	Cash <input type="checkbox"/> Card <input type="checkbox"/> Cheque <input type="checkbox"/> (make cheques payable to Wilton Men's Shed) Bank Transfer <input type="checkbox"/> (30-97-77 23349968 and surname for reference)		
<i>giftaid it</i>	<input type="checkbox"/> Please tick to confirm that you are a UK Income or Capital Gains taxpayer and agree for Wilton Men's Shed to claim Gift Aid on your membership donation as detailed above. By ticking you are confirming that you understand that you must have paid UK Income or Capital Gains Tax at least equal to the amount that will be claimed on any and all Gift Aid donations in any given tax year. Gift Aid allows Wilton Men's Shed to claim 25 pence on every pound that you donate to them.		
Sign and print:		Date:	
Please bring your completed membership form to The Shed when you visit or send to Peter Edge, 99 North Street, Wilton SP2 0HP or email: treasurer@wiltonmensshed.org			



# Wilton Men's Shed

## Declarations and Disclaimers

You must read in full and confirm your acceptance and agreement to each of the following statements by ticking the box.

### 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 Wilton Men's Shed excludes all liability to the full extent permitted by law and accept that not Wilton Men's Shed nor any of its management committee or 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 agreed to the above statement.

### Health

I understand that I must disclose details about my health that might affect me in carrying out the activities in Wilton Men's Shed I understand that Wilton Men's 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 agreed to the above statement.

### Privacy

I consent to the collection and use of my personal information for the purposes of my membership of Wilton Men's Shed and in Wilton Men's 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 Wilton Men's 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 agreed to the above statement.

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.

For Office Use Only