

MEMBERSHIP APPLICATION

Minimum age for membership of the South Arm Peninsula Men's Shed Inc is 18 years



Name: _____

Address: _____

Town _____ Postcode: _____

Phone: _____

Email: _____

Date of Birth: _____

Emergency contact

Name: _____ Relationship: _____

Phone: _____

Have you any health conditions or are you on medication that may affect your capacity to operate machinery?

☐ NO ☐ YES: If yes, please provide brief details

Occupation (past or present): _____

Do you have qualifications in your area of expertise?

☐ NO ☐ YES: If yes, please provide brief details

What are your particular areas of interest in our shed? (eg woodworking, metalwork, small engines, companionship, other)

Are you willing to mentor others using your areas of skills and interest?

☐ NO ☐ YES: If yes, please provide brief details

Continues over →

Your membership of the South Arm Peninsula Men's Shed Inc becomes effective upon approval as provided in the rules of the Association and payment of the prescribed membership fees (Rule 33.1).

By signing below, you acknowledge and agree that you are not entitled to use the Shed's facilities and equipment until you have attended a Shed induction.

In becoming a Member of the South Arm Peninsula Men's Shed Inc (SAPMS) I understand and agree:

- SAPMS will make every effort to maintain a safe environment in the Shed to its members, visitors, contractors, agents and others lawfully utilising the Shed and its facilities ("patrons");
- SAPMS and its representatives are not responsible (and do not accept responsibility) for:
 - (a) The personal health, safety and well-being of patrons whilst in the Shed, utilising the facilities and/or participating in projects or other activities of SAPMS;
 - (b) The loss or damage of any patron's personal items (including mine) taken to or from the Shed or any other place at which SAPMS project or activity is being carried on; and
 - (c) Any personal injury including death of any patron whilst at the Shed or any other place at which SAPMS project or activity is being carried on or whilst utilising its facilities and/or participating in any project or other activity of SAPMS;
- to release SAPMS and its representatives from any claim by me and/or my estate for the loss or damage to any personal item and/or injury I may suffer whilst in or at the Shed, utilising its facilities and/or participating in any project or other activity of SAPMS;
- to abide by the policies and procedures of SAPMS and act in a safe and respectful manner at all times whilst I am in or at the Shed, utilising its facilities and/or participating in projects or other activities of SAPMS and I will have due care and regard to all other patrons working near or around me whilst in or at the Shed or participating in any project or activity of SAPMS.

Applicants signature: _____ **Date:** _____

Applicant's name: _____

Proposer's signature: _____ **Date:** _____

Proposer's name: _____

Seconder's signature: _____ **Date:** _____

Seconder's name: _____

*Your personal information provided in this form will be kept confidential to those processing this application.
We will not provide your personal information to any third party.*

Office use only

Received: date/initials _____

Approved: date/initials _____

Receipt issues: date/initials _____