

# CROWS NEST & DISTRICT MEN'S SHED INC.

## APPLICATION FOR MEMBERSHIP

(please print)



First Name

Last Name

Wife/Partner first name

Address

Postcode

Home Phone

Mobile

Email Address

Date of Birth

Shirt size

Emergency Contact details

Name

Relationship

Day Contact Number

Mobile

Previous Occupation

Do you have any special skills that could be utilised by the Men's Shed?

## **MEDICAL INFORMATION**

Do you have any medical condition or consume medication that may impede you from carrying out the safe operation of machinery?

**Yes/No** (circle one)

Sign

## **WORKPLACE HEALTH AND SAFETY**

Our Men's Shed is committed to a policy of ensuring all our activities be carried out safely, and commit to undertake measures to control risks to the health, safety and the welfare of shed members.

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I hereby apply for membership to the Crows Nest & District Men's Shed, and agree to abide by the Health and Safety Policies and the Constitution/By-Laws, copies of which will be made available to me on acceptance of my application.

I also agree to being registered as a member of the Crows Nest Shed and any photographs of me may be used for promotional purposes.

Signature.

Date.

**Annual Membership Fee**