



2020 - 2021 Membership Application

\$60.00(incl GST) Annual Renewal due 30th June.

(pro rata for part year)

Name:

Residential Address:

Town/City: Post Code:

Postal Address:

Town/City: Post Code:

Mobile/Telephone: Email:

Day & Month of Birth:/.....

Name of Partner/Wife (Optional)

Emergency Contact:

Past Employment/Career:

Do you have a Medical Condition we should be aware of?

e.g. Asthma, Cardiac Problems, Diabetes, Pacemaker:

.....
(This information may be critical if ever required)

Please continue to further questions and remember to sign

What activities interest you? (Please tick)

- Maintenance activities:
- Gardening:
- Woodwork:
- Visiting other Men's Sheds:
- Excursions:
- Socialising:
- Visiting Health Professionals discussing Men's Health:
- Other

Are you a past or present member of – Military, Police, Fire Brigade, SES?
Yes/No (Please circle appropriate organisation)

Do you have a current First Aide qualification? Yes/No If Yes, what level?

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I wish to apply for membership of the Inverloch Men's Shed Inc. and:

- I agree to abide by the rules of the Inverloch Men's Shed constitution and the direction of the duly elected committee.
- I undertake to behave at the gatherings in a manner that reflects the ideals of the Men's Shed Association in terms of mutual support and respect of fellow members.
- I consent to the above information being used by the Committee of the Inverloch Men's Shed Inc. in the course of organising the activities of the group. This will include the creation and distribution to members only of a contact sheet.

Signature of Applicant Date

Privacy Policy: *The above information is for the use of the Inverloch Men's Shed Committee only and will not be distributed to persons or organisations without the express consent of the member.*

Banking Details: A/c Name: Inverloch Men's Shed Inc.
BSB: 633000
Acct: 157098864