



SPRINGFIELD CAMIRA MEN'S SHED

MEMBERSHIP APPLICATION

First Name: _____ Surname: _____

Preferred Name: _____ DOB: _____

Postal Address: _____

Home phone: _____ Mobile: _____

Email Address: _____

Please note: Correspondence will be distributed by email. If you do not have an Email address your correspondence can be mailed to you for a small fee to cover the cost of stamps.

Name and contact number of person/s to be contacted in case of an emergency:

1: _____

2: _____

Do you have a criminal record?: Yes / No

Do you have any areas of interest?: (e.g. Woodwork, Metalwork, Painting, Art etc.)

What is your previous work experience?: (e.g. Builder, Fitter, Turner, Clerical, Electrical etc.)

Have you been a member of the defence forces?

Medical History;

Please note any medical conditions / medications that should be provided to the Ambulance or Medical persons in the event of an emergency:

It is your duty to keep these medical records up to date, please see any member of the committee to advise of any changes to your health that should be noted.

Do you have disabilities that may affect your ability to operate machinery in a safe manner?

Yes / No If Yes please provide details:

Have you received and read a copy of the Shed Rules?: Yes / No

Do you have any objection to you phone number being shared with other members via the available members listing?: Yes / No

Date of application: _____

Signature: _____

Office use only Proposal of membership to the Committee: (Any two officers)

Name: _____ Signature: _____

Name: _____ Signature: _____

Date approved: _____ New Membership #: _____

Fees Paid: _____ Receipt #: _____