



# MURRAYLANDS COMMUNITY MEN'S SHED

## MEMBERSHIP APPLICATION FORM

I apply to become a **Individual / Corporate / Sponsorship** (please circle choice) member of the Murraylands Community Men's Shed and agree to abide by the conditions of Membership as stated in the Constitution

Name.....(please print)  
(given names) (Surname)

Address .....  
(Street No.) (Street Name) (Town) (P/Code)

Phone Contact .....  
(Home Phone) (Mobile Phone)

Email .....

**Please Note** Personal information of a medical and capability nature is sought for our confidential records to allow ready access to that information to assist in case of injury or other emergency

Do you have any trade proficiency or experience (YES / NO)

If so in which field.....

Do you hold or have held a Trade Certificate (YES / NO)

Do you have any impairments that would prevent you from using power equipment or tools (YES / NO).....

Do you require a carer to be present while you are in the Shed (YES / NO)

Do you need to bring medications to the Shed (YES / NO )

Are you a DVA Veteran (YES / NO) Other Group (YES/ NO) .....

Signed..... Signed.....  
( Member Applying) (Carer if Applicable)

Proposer (name)..... Seconder (name).....

Signature..... Signature.....

Membership Fee (\$20 per annum) Paid (YES / NO)

### Office Use Only

Paid Receipt No..... Entered On Membership roll \_\_/\_\_/\_\_ (Date)

Secretary Signature.....Date \_\_/\_\_/\_\_