



IN THE INTEREST OF MEN'S HEALTH AND WELLBEING
ALL MEN BELONG IN A SHED.

Membership Application
July 01'2024 to June 30'2025

First Name	
Surname Name	

Contact Details
Address
Email Address
Home Phone #
Mobile Phone #

Please mark boxes with X where applicable

Skills		
Do you have any specific skills to assist other members in their development?	No	<input type="checkbox"/>
If yes please provide details :		
Do you hold a First Aid Certificate or other medical qualifications?	No	<input type="checkbox"/>
If yes please provide details :		

What are your most interested in learning/doing ?									
Woodwork	<input type="checkbox"/>	Metalwork	<input type="checkbox"/>	Projects	<input type="checkbox"/>	Wellbeing	<input type="checkbox"/>	Laser Work	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	Welding	<input type="checkbox"/>	General	<input type="checkbox"/>	Chit-chat	<input type="checkbox"/>	3D Printing	<input type="checkbox"/>
Automotive	<input type="checkbox"/>	Modelling	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>	Computer	<input type="checkbox"/>	All of these	<input type="checkbox"/>
	<input type="checkbox"/>	Trains	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>								
None - just want social inclusion & a place to catch-up with friends over a coffee or drink									<input type="checkbox"/>

Medical information	
Do you have a medical condition that may pose a risk to you or others when operating machinery?	
If yes please provide details :	
Do you have a medical condition that you would like to be relayed to First Responders in the event of an accident or you becoming ill?	
If yes please provide details :	



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Emergency Contact Details
Name
Relationship
Contact # or address

Privacy
<p>The Baldvis and Districts Community Men's Shed Inc. store information electronically by way of an external hard drive and hard drive back-up. The hard copy (paper) of this form is stored once scanned to the hard drives. Stored information is not made available to any third party without your consent to do so. Baldvis and Districts Community Men's Shed Inc. use the information provided for the purpose of ensuring the wellbeing of it's members to enhance their experience. Only records of financial members will remain on file, all scanned copies of this form will be deleted within one month from notification of a person ceasing to be a member.</p>

Consent
I hereby consent to my medical information being provided to First Responders or any other who may attend in the event of an injury or illness
Signature
Date :
I hereby consent to the person listed as an emergency contact being notified in the event of an injury or illness
Signature
Date :

I understand that as a member of the Baldvis and Districts Community Men's Shed Inc. , I am bound to act in accordance the the Baldvis and Districts Community Men's Shed Inc. Constitution
Signature
Date :

Nominated by		
Approval		
Name of office holders	Office holder to sign	Date
	1	
	2	
	3	