

Rupanyup Men's Shed Association Inc - Membership Form

APPLICATION FOR MEMBERSHIP OF RUPANYUP MEN'S SHED INC.

I apply to become a member of the Rupanyup Men's Shed Inc. and agree to abide by the rules of the association. I acknowledge having understood the conditions of membership approval and I fully understand that I can view a full copy of the incorporation document on request.

Name
(Surname) (Given Names) (DOB)

Address
(Street No) (Street Name) (Town) (Post Code) (Country)

Normal Contact.
(Phone Numbers - Home and Mobile) (E Mail)

Emergency Contacts for Illness or Injury

.....
(Contact Name) (Contact Number) (Relationship to You)

Please Note: All detailed personal information of a medical and capability nature will be filed for our records in order to allow us ready access of medical history for your assistance in case of injury or other emergency.

Do you belong to any groups eg. Armed Forces, DVA, Care Groups or Welfare [Yes/No].....

Do you have any physical or mental impairment that may prevent you from using electrical items, technical equipment or power tools? [Yes/No]

Do you have any manufacturing, construction or building experience? [Yes/No]

Do you have any trade certificates? [Yes/No]

If you take medications, will it be necessary for you to bring them to the shed? [Yes/No]

Will you need assistance from your carer whilst at the Shed? [Yes/No]

Signed

Applicant

Date

Office use only;

Membership Approved Membership Rejected..... Date.....

Received the sum of \$..... Membership fee

Receipt No Date..... Entered on Roll Date

Mail: to President – Rupanyup Men's Shed Inc
8 Simpson Avenue, Rupanyup Vic 3388, Australia
Email: admin@rupanyupmensshed.org.au