



Coochiemudlo Men's Shed Inc Membership Application

BENDIGO BANK BSB: 633 000 ACCOUNT NO: 157 823 956

Applicant's Details

PLEASE PRINT

| | | | |
|--------------|---------|-------------|-----------|
| Family Name: | | Given Names | |
| Address: | | | Postcode: |
| Phone, home: | Mobile: | Work: | |
| Email: | | | DOB: |

Emergency Contact Information

| | | | |
|---|---------|-------|--|
| Contact Person (first & family names): | | | |
| Phone, home: | Mobile: | Work: | |
| Relationship to Applicant: | | | |
| Do you have a medical condition that may affect what you do in the Shed? | | | |
| What is or was your occupation and do you have any accredited qualifications? | | | |

Declaration

- I will participate as a member of the Coochiemudlo Men's Shed and with the understanding that there is a Constitution, Standing Orders, By-Laws and Safety Procedures (copies obtainable from the Secretary).
- I understand that I will be required to attend an induction and assessment prior to operating any equipment or machinery in the shed.
- I understand that the elected Committee members and/or appointed supervisors and safety officers will make every effort to maintain a safe environment in the shed.
- I acknowledge that I have a personal Duty of Care to ensure my and others safety at all times.
- I understand that the Coochiemudlo Men's Shed takes no responsibility for any loss or damage to personal items in or taken to or from the shed.
- I consent to my name, contact number(s) and email address being included in the Membership Contact List which is available to all members.

Signature: **Date:**/...../.....

Proposed by: **Seconded by:**

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|---|
| Office Use: Membership paid:..... Approved at meeting on:...../...../..... Chairman:..... |
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