

Application Form

MEMBERSHIP APPLICATION

NAME :.....

POSTAL ADDRESS :P/CODE :.....

PHONE :

EMAIL :.....

NEXT OF KIN :..... RELATIONSHIP :.....

PHONE NOS OF NEXT OF KIN :.....

PAST / PRESENT OCCUPATION :.....

LIST INTERESTS:.....

ANY DISABILITIES ,:.....

CAN YOU OFFER INSTRUCTIVE SKILLS ? YES /NO

LIST SKILLS:.....

ARE YOU FIRST AID QUALIFIED ? YES / NO LEVEL..... EXPIRY.....

DO YOU HAVE YOUR OWN TRANSPORT TO THE SHED ? YES / NO ?....

I understand, that in case of an accident or sudden illness, the Castlemaine Men's Shed will call an ambulance, and that I will be responsible for any related costs.

I will abide by the "Code of Conduct" of the Castlemaine Men's Shed.

SIGNED :..... DATE:.....

Email to castlemainemensshed@gmail.com