

# MEMBERSHIP APPLICATION



The Men's Shed Labrador Inc is a "not for profit" organisation and as such, the assets and income shall be applied solely in the furtherance of its objectives and no portion shall be distributed directly or indirectly to the members of the organisation except as bona fide compensation for services rendered or expenses incurred on behalf of the organisation

Application Fee - \$10.00 to be paid with this application

NAME IN FULL .....

(PREFERRED NAME) ..... DOB ...../...../.....

STREET ADDRESS .....

SUBURB ..... POST CODE .....

POSTAL ADDRESS (if different to above) .....

..... POST CODE .....

Phone (H) ..... (W) ..... Mobile .....

Email .....

PHYSICAL OR OTHER DISABILITIES which may affect your ability to use machinery in a safe manner. Please provide details .....

.....

.....

.....

FIRST AID QUALIFICATIONS YES/NO Brief details .....

.....

TRADE/WORK QUALIFICATIONS or EXPERIENCE eg Wood Machinist, Carpenter, etc

.....

.....

.....

INTERESTS or HOBBIES eg Woodwork, Metalwork, Recreational Pursuits, etc

.....

.....

.....

YOUR AIMS OR EXPECTATIONS FROM THE MEN'S SHED

.....

.....

.....

.....

Are you willing to help run the shed or source materials/equipment? YES/NO

Do you have tools, equipment, materials or services you are willing to donate? YES/NO

Please list .....

.....

**PRIVACY NOTE** All information supplied will be held in accordance with the Men's Shed Labrador Inc Constitution and any subsequent amendments. The information on this form is available to the Committee and will not be passed on to third parties without the written consent of the member.

Will you permit the distribution to members of the Men's Shed Labrador Inc of your:-

Phone number	YES/NO	Email address	YES/NO
--------------	--------	---------------	--------

I agree to abide by the Constitution of the Men's Shed Labrador and will work under direction of supervisor, comply with Shed guidelines, and endeavour to maintain a safe environment for other members and my own personal safety.

I will acknowledge and respect the cultural, linguistic and spiritual backgrounds of fellow Shed users, and their physical and mental limitations, and treat them with dignity.

I understand that it is optional that I enrol as a volunteer with The Benevolent Society, undertake the induction program and make myself available for voluntary roles.

I am prepared to make myself available for voluntary roles YES/NO

I understand I am required to record any medical history or condition, medications I am on and doctor's name/contact details on a separate sheet. This information shall remain confidential and only supplied to first aid, ambulance and or medical personnel by shed officials in event of an emergency.

Applicant's signature .....	Date ...../...../.....
-----------------------------	------------------------

Nominated .....	Date ...../...../.....
-----------------	------------------------

Seconded .....	Date ...../...../.....
----------------	------------------------

Accepted/Rejected (meeting date): .....