

## FORREST MEN'S SHED MEMBERSHIP APPLICATION/RENEWAL

### ABOUT YOU

Name:		Preferred First Name:	
Date of birth:	Contact phone:	Mobile:	
Postal address:			
Email:			

### EMERGENCY CONTACTS

Name of person residing with you:	
Contact phone:	Mobile:

### OTHER CONTACT

Name of a relative not residing with you:	
Address:	
Contact phone:	Mobile:
Relationship:	

### APPLICATION/RENEWAL

I apply to join the Forrest Men's Shed at a cost of \$25.  
[Note: the joining fee covers membership until the following 30 June. If you join in April, May or June, the fee covers membership to the 30 June in the following year.]

I apply to renew my membership of the Forrest Men's Shed for one year at a cost of \$25.  
[Note: renewal provides membership until the following 30 June.]

### DECLARATION

I declare that I am physically able to undertake the activities of the Forrest Men's shed in which I participate and understand that there is no medical facility at the Men's Shed.

I authorise the Men's Shed to summon such medical or other assistance as deemed reasonably necessary by a responsible representative of the Men's Shed at the time in the event of an emergency and I undertake to pay all costs involved including ambulance transportation.

I authorize the verification of the information provided on this form.

### SIGNATURE

Signature of applicant:	Date:
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### OFFICE USE

Received \$	Receipt No:	Date:
<input type="checkbox"/> Entered on membership database	Name:	Date: