



Warwick Men's Shed Inc

Address: 29 Activity St, Warwick, Qld, 4370 Mobile: 0490 170 569 Email: secretary@warwickmensshed.org

Application for Membership

Surname..... Given Name.....
Address.....
Telephone No..... Mobile No.....
Email Address.....

Do you permit the sharing of your contact details with other members?

Email address: **YES/NO** Phone No: **YES/NO**

Note 1: Correspondence will be distributed by email.

Emergency Contact

Name.....
Home No..... Mobile No.....

What other organisations are/have you been a member of.

.....

Medical History

Please record any medical conditions that should be provided to the Ambulance or Medical people in the event of an emergency and place in the sealed envelope provided. This information will remain confidential and only provided to medical officers at their request.

Do you have disabilities which may affect your ability to use machinery in a safe manner? YES/NO

If YES please give details.

Signature.....

Nominated by.....

Seconded by.....

Date.....

Date.....

Please Note: Acceptance is on approval after a 3 month probationary period from date of application.

Warwick Men's Shed is a SMOKE FREE ZONE

Office use only

Approval of Membership by Committee

Committee Signature..... Date approved.....

New Membership Number..... Fees Paid..... Receipt No.....