

# Membership Application

(Page 1 of 2)



<b>Name:-</b> _____
<b>Street Address:-</b> _____
<b>Suburb:-</b> _____ <b>Post Code:-</b> _____
<b>Contact Details</b>
<b>Phone Number:- (W/H)</b> _____ <b>(M)</b> _____
<b>Email Address:-</b> _____

How would you prefer us to contact you:- *Email/Mobile*

Do you have any physical/mental conditions and/or need to be accompanied by a Carer, which might impact your safety or wellbeing or the safety and wellbeing of other shed members.

*Yes/No* - If yes please discuss this with one of our supervisors.

<b>Emergency Contact Details - 1:</b>
<b>Name:-</b> _____
<b>Relationship:-</b> _____
<b>Phone Number:- (W/H)</b> _____ <b>(M)</b> _____
<b>Email Address:-</b> _____

<b>Emergency Contact Details - 2:</b>
<b>Name:-</b> _____
<b>Relationship:-</b> _____
<b>Phone Number:- (W/H)</b> _____ <b>(M)</b> _____
<b>Email Address:-</b> _____

<b>Carer Contact Details:</b> (If applicable)
<b>Name:-</b> _____
<b>Relationship/Provider:-</b> _____
<b>Phone Number:- (W/H)</b> _____ <b>(M)</b> _____
<b>Email Address:-</b> _____

(Continue to page 2)

# Membership Application

(Page 2 of 2)



## I am interest (I) in/or have skills (S) in:-

- Woodwork – I/S    Metalwork – I/S    House Maintenance – I/S    Gardening – I/S  
 Visiting other Sheds – I/S    Presentations (Health, Technical etc) – I/S    Working with People with Disabilities/Children – I/S    First Aid & CPR – I/S    Other (Please list) \_\_\_\_\_

## Membership Type:- Daily/Annual

**Fees:-** Daily membership - \$ 5 - payable at each attendance.

Annual membership - \$60 pa

*(Due on 1 January, pro rata each 1/4, i.e. Apr - \$45, Jul - \$30, Nov - \$15)*

I have been provided the Member Induction Handbook and have read, accept and agree to abide by its Rules, Operating Procedures and Code of Conduct.

I have had a minimum of 2 attendances at the shed and been recommended to be approved as a member by two shed supervisors.

I understand that my application will need to be approved by the Board of West Moonah Neighbourhood House at its next Board Meeting and that until that time, I will be a probationary member. And that the WMNH Board has the right to reject any application.

## Consent & Privacy Policy

I consent to the above information being used by the WMNH & WMCS in the course of organising the activities of the group. This may include the creation and distribution, to members only, of a contact information sheet.

The above information is only for the use of the WMNH & WMCS and will not be distributed to outside persons or organisations, without the member's express consent.

## COVID Vaccination.

It is preferred that you have been at least double vaccinated for COVID-19 before you can attend the shed. Helping to protect those that are vunerable.

## Disclaimer:-

WMCS & its Supervisors will make every effort to ensure your safety, by providing policies, procedures & a safe working environment. For your safety, you need to be certified on each piece of equipment, follow all polices, procedures & any other safety directions.

Whilst personal health, well-being & personal items is your responsibility.

Should I need any medical assistance, I agree to pay any costs that might be incurred.

**NB:-** From time to time we take photos which are used in publicity. Please advise if this does not suit.

Signature:- \_\_\_\_\_

Date:- \_\_\_\_\_

Recommended by:- \_\_\_\_\_  
(Supervisor - 1)

Recommended by:- \_\_\_\_\_  
(Supervisor - 2)

**Office use** Receipt no:- \_\_\_\_\_ Date:- \_\_\_/\_\_\_/\_\_\_

Membership no:- \_\_\_\_\_ Date Approved & entered into Register:- \_\_\_/\_\_\_/\_\_\_