



NEW MEMBER APPLICATION

Date:

NAME

ADDRESS

STATE POSTCODE

DATE OF BIRTH

HOME PHONE:

MOBILE:

EMAIL:

Men's Shed Health & Safety is paramount

Do you have any Health conditions that we need to know about? YES/NO
Details:

Do you require assistance with any activities? YES/NO
Details:

Are you on any Medication that may affect your capacity to operate machinery?
YES NO
Details:

Do you live alone? Yes No

Emergency Contact Person:

Relationship: Phone

Occupation/s (Past Or Present)	
Were you referred to the Men's Shed by another organisation? Yes No	
Details	
Is your request for membership voluntary	Yes No
Skills:	
Hobbies	
Other information you feel is relevant	
Applicant signature	
Date	
Membership Officer	
Date	
Signed	
Induction to Men's Shed Completed	<input type="checkbox"/>
All Forms Completed	<input type="checkbox"/>
Comments	