

1st visit: ___ / ___ / ___

2ND visit: ___ / ___ / ___

3RD visit: ___ / ___ / ___



Membership Application Form

NAME: _____

ADDRESS: _____

HOME PHONE: _____ MOBILE PHONE: _____

DATE OF BIRTH: ___ / ___ / ___

EMAIL: _____

EMERGENCY CONTACT:

NAME: _____ PHONE No.: _____

RELATIONSHIP TO YOU: _____

DO YOU HAVE ANY MEDICAL CONDITIONS WE SHOULD KNOW ABOUT?

PLEASE NOTE: IT IS A REQUIREMENT OF ETMS MEMBERSHIP THAT ALL MEMBERS BE FULLY VACCINATED AGAINST COVID 19. PROOF OF VACCINATION IS REQUIRED,

DO YOU HAVE ANY SKILLS/HOBBIES/INTERESTS THAT YOU WOULD LIKE TO SHARE WITH THE SHED?

Nominated by: _____ Seconded by: _____

DISCLAIMER:

I wish to participate in the East Tamar Mens Shed and understand that as a member I will make every effort to maintain a safe environment in the Shed for myself and others (including members and guests). The Sponsors, Committee Members, Volunteers and people appointed as Supervisors of the Shed do not take responsibility for the personal health, safety and well-being of the people participating in any Mens Shed projects. The above mentioned organisation and individuals take no responsibility for either the loss or damage of any personal items or for any personal injuries whilst participating in a Mens Shed.

SIGNED: _____ DATE: ___ / ___ / ___

(Office Use Only) DATE OF ACCEPTANCE: ___ / ___ / ___ Sec. Signature: _____