

# Belconnen Community Men's Shed

## Membership Form

This information is private and in confidence provided for reasons of insurance and occupational safety within the shed.

This information will not be distributed or used outside these premises.

Family name	
Christian name	Preferred name

**Contact details**

Address	
	Post code
Phone	Mobile
Email	

**Alternate / Emergency contact**

Name	Relationship
Phone	Mobile

**Occupational health and safety**

Do you have medical conditions that may impede your use of equipment	YES	NO
Do you take medication that may impede you from using certain tools	YES	NO

If yes to either of the above provide details


( Optional) What interests you and what motivated you to join the shed?


**Assessment to be completed by shed representative**

Is this member accompanied by a carer	YES	NO
If yes conditions will apply to membership, please complete carers registration form.		

Annual membership fee \$50.00

Member Signature	Date
Shed representative Signature	Receipt Number

Belconnen Community Men's Shed, 32 Dallacy Street, Page ACT 2614

Web: <http://belconnenshed.com.au> Email: [membership@belconnenshed.com.au](mailto:membership@belconnenshed.com.au)