



# WILLOUGHBY COMMUNITY MEN'S SHED

## MEMBERSHIP APPLICATION FORM

Please complete all details in the space provided.

First Name

Date of Birth

Family Name

Address:-

Street

Suburb

Postcode

Home Phone

Mobile

e-mail

Emergency Contact Person

Relationship to you

Contact Number

Mobile

Home

Work

Do you have any Medical Conditions we should know about?

Yes

No

If "Yes" please provide details:-

Do you have any previous practical experience that may be useful at the Shed?

Are you a Veteran?

Yes

No

Details

### DISCLAIMER

I acknowledge that my participation in the Willoughby Community Men's Shed is with the understanding that Willoughby City Council and UnitingCare Aging Northern Sydney Region, as partners in the Willoughby Community Men's Shed, will take every effort to maintain a safe environment in the Shed for participants. The sponsoring organisations, their representatives and persons appointed as Shed Supervisors do not take responsibility for the personal health, safety and wellbeing of persons attending the Shed. The above mentioned organisations and individuals take no responsibility for personal injury or for loss or damage to any personal items taken to or from the Shed.

Signature

Date

### Administration Only

entered in Database

Badge printed

e-mail tested OK

entered in Mailing List