



COPACABANA COMMUNITY MEN'S SHED MEMBERSHIP FORM

APPLICANT DETAILS	
Given Name(s):	Last Name:
Unit / House Number:	Street:
Suburb:	Postcode:
Mobile: <i>Can this be shared with other members? Yes / No</i>	Other Phone:
Email: <i>Can this be shared with other members? Yes / No</i>	Date of Birth:
Have you any medical conditions we should know about:	
How did you hear about the men's shed: <ul style="list-style-type: none">• Introduced by _____• From the web site• A visit to the shed• Other _____	

What relevant skills or experience could you bring to the Men's Shed?
What activities interest you? e.g. woodwork, gardening, learning new skills etc.

Please complete 2nd page

EMERGENCY CONTACT	
Name:	Phone Number/s:
Relationship to you:	

AGREEMENT

I agree that if admitted to membership I will abide by the policies and rules of the Copacabana Community Men's Shed, follow the directions of the Management Committee and the Supervisor on duty while attending the Shed and undertake any work activities in a safe manner.

Further I agree that I will pay an attendance fee of \$5 for each week attending the shed. Alternatively, I can elect to pay an attendance fee in advance \$50 per quarter.

Signature: _____ Date: _____

Please return your completed application via email to:

treasurer@copamensshed.org.au

or hand it to the Supervisor on Duty at the shed with your payment

Fees associated with Membership

- Annual Membership Fee \$55
- Quarterly attendance fee* \$50*
- Donation (tax deductible) \$ ___
- TOTAL \$ ___

**Cross out if you prefer to pay \$5 weekly*

Methods of payment:

By Direct Credit - BSB: 650-000

Account Number: 532273202

Account Name: Copacabana Community Men's Shed Inc.

Reference: your initials and surname

By Cheque - made payable to Copacabana Community Men's Shed Inc.

Cash - Delivered in person to a Men's Shed Committee member or Supervisor on duty, who will issue you a receipt.

<p>Office Use: Application received: ___/___/___ Payment received: ___/___/___ Application approved: ___/___/___</p>
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