



HORNSBY WOODWORKING MEN'S SHED INC.

MEMBERSHIP APPLICATION FORM

I hereby apply for membership of the Hornsby Woodworking Men's Shed Inc. (HWMS).

Name:			
Address:			
Phone:	Mobile	Home	
Email:	@		
Current or Previous Occupation:		Retired? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Photo ID Sighted?		DOB	DD / MM / YYYY

Personal particulars

I declare the following concerning my application:

- a. Are you under 18 years old? Yes No If "Yes", a Parental Consent form is required.
- b. Do you have a disability? Yes No If "Yes", we may require a Carer to join HWMS and accompany you at all times.

Qualifications

Working with Children Check (WWCC) Yes No First Aid Certificate. Yes No

Trade certificate Yes Details

Woodworking experience

1. I have some experience in the use of woodworking machinery (tick where appropriate):

Table Saw Bandsaw Thicknesser Planer Wood Lathe
Drill Press Router Scroll Saw Compound Mitre Saw

Only general experience in the use of hand tools

2. I have an interest in increasing my skills in the following general areas of woodworking (tick where appropriate):

Wood turning Toy making Box making General projects to improve my skills in the use of tools

General acknowledgements

I understand that:

- a. On becoming a member of the HWMS, participating in its activities at any location, working on projects at the HWMS premises and using HWMS equipment, I must take every care and effort to maintain a safe environment for myself, HWMS members and visitors.
- b. Whilst the HWMS Committee, appointed Supervisors and members all have a duty of care, they do not take responsibility for the personal health, safety or well-being of members or their visitors at the HWMS premises, or in the use of the HWMS equipment or any HWMS activities at other locations.
- c. I must comply with any government health directives that apply to my attendance at HWMS premises.

Specific acknowledgements

I hereby acknowledge that:

- Limited public and products insurance cover is held by the HWMS and that I enter its premises and use its equipment at my own risk.
- My application for Membership is subject to the approval of the Committee and I am not deemed to be a member until my annual membership fee is paid.
- As the HWMS is a “Not for Profit” organisation, I will not undertake any personal commercial projects at the workshops.
- If I have any medical condition or disability that is likely to be detrimental to my ability to operate HWMS equipment safely, I will disclose it on the supplied Emergency Contacts form or, if such a condition occurs in the future, I will immediately inform the Committee.

Annual membership fee (tick only one box):

<input type="checkbox"/> Single membership, 12 months (\$100)	<input type="checkbox"/> Family Membership, 12 months (\$150)
<input type="checkbox"/> Student membership, 12 months (\$50)	

Payment: Membership fee may be paid in cash at the Shed or by direct credit to HWMS' bank account at Bendigo Bank BSB 633 000 Account No. 183 689 348

By signing this form, I agree to all terms and conditions of membership.

_____ Date ____/____/20____
Signature of applicant

Office Use Only

Cash payment (for the amount indicated above) received by: _____
Name

Receipt number: _____ Date: ____/____/20____