

CHANNEL MEN'S SHED INC. MEMBERSHIP APPLICATION

Application Form Guidance:

- Please complete ALL questions on pages 1 & 2. Some questions require written information from you, some a Yes/No response and some require a tick box ☑ confirmation that you agree to these membership requirements.
- Email addresses should be printed clearly.
- Check your mobile number contains all 10 numbers eg. 0421 123 456.
- The Applicant's Declaration (which outlines CMS & Member responsibilities) on Page 2 needs to be signed.
- Where possible, CMS COORD's are to include their name on the bottom of Page 2 when issuing application forms to a prospective new member.

Membership applications welcome from Men aged 18 years and over

Name:	Date of Birth:						
Address:			Post				
Telephone: Email:							
Emergency Cor	ntacts:						
<u>Name</u>		<u>Relationship</u>	Home Phone	Mobile Phone			
Have you any machinery? Y	ES / NO If yes, pleas	are you on any medication e provide brief details belo		our capacity to operate			
Occupation (Pa	st of Freschity.						
Do you have qu Qualification	•	ea of expertise? YES / NC		our qualifications below. e (if applicable)			
What are you companionship	r particular areas of	interest in the Shed? (calwork, small engines,			



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equipme	nt, c	does not be	that memb come effect d I have com	ive until pa	yment of	my mem	bership	•			s and	
I confirm	tha	t I am COVII	D 19 Vaccina	ated or hav	e been gr	anted a n	medical	exempti	on.			
Applic	ant'	s Declarat	ion									
In beco	omi	ng a Memb	er of the C	Channel Me	en's She	d Inc. (CN	MS), Ι ι	ındersta	nd and	agree:		
•	vis		e every eff actors, age);									
•	CIV	1S and its r	epresentat	ives are no	ot respoi	nsible an	d do n	ot accep	t respo	nsibility	for:	
	a)	-	nal health, or participa	•		•		whilst i	n the Sh	ned, utili	sing tl	he
	b)		r damage o ce at which	•	•				or from	the She	d or a	ny
	c)	at which	nal injury ii CMS activ ing in any a	vities are	being o					-	•	
•	da	mage to a	1S and its rand its r The rand its	al item or	injury I	may suf	•		-			
•	all ha	times while ve due car	ne policies a st I am at t e and rega in any activ	he Shed or ard for oth	rutilising ner patro	g its facili	ities or	other a	ctivities	of CMS	and w	vill
	Ар	plicant's S	ignature					Date: .			••••••	
Proposer	's N	ame:						Date: .				
Proposer	's Si	gnature:										
Seconde	r's N	lame:						Date: .				
Seconde	r's Si	ignature:										
								CN	AS COO	RD:		