

Name:

Address:

..... Postcode:

Date of Birth:

Telephone: Home: Mobile:

Email:

Emergency Contact:

Name: Relationship:

Telephone: Home: Mobile:

Do you have any health conditions or are you on any medication that may affect your capacity to operate machinery? **YES / NO**

If yes, please provide brief details below.

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.....

Occupation (Past or Present):

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Do you have areas of expertise relevant to our Shed? **YES / NO**

If yes, please list your skills/qualifications below.

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What are your particular areas of interest in the Shed? (eg, woodwork, metalwork, small engines, companionship, gardening, cards/games, shed projects eg toy making, other)

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Are you willing to mentor others using your areas of skills and interest? **YES / NO**

If yes, please provide brief details.

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.....

Membership to the South Arm Peninsula Men's Shed, including use of its facilities and equipment, does not become effective until payment of your membership subscription has been received by the Treasurer.

Members are not entitled to use the Shed's facilities and equipment until they have attended a Shed Induction session.

Applicant's Declaration

In becoming a Member of the South Arm Peninsula Men's Shed Inc (SAPMS) I understand:

- SAPMS will make every effort to maintain a safe environment in the Shed for its members, visitors, contractors, agents and others lawfully utilising the Shed and its facilities ('patrons'); and agree:
- to release SAPMS and its representatives from any claim by me and / or my estate for the loss or damage to any personal item and / or injury I may suffer whilst in or at the Shed, utilising its facilities and / or participating in any project or other activity of SAPMS;
- to abide by the policies and procedures of SAPMS and act in a safe and respectful manner at all times whilst I am in or at the Shed, utilising its facilities and / or participating in projects or other activities of SAPMS and I will have due care and regard to all other patrons working near or around me whilst in or at the Shed or participating in any project or activities of SAPMS.

Applicant's Signature: Date:

Proposer's Name: Date:

Proposer's Signature:

Approved by: Name: Date:

Approver's Signature:

<p>Please forward completed application form to:</p> <p>Treasurer South Arm Peninsula Men's Shed PO South Arm TAS 7022</p> <p>OR email to: mensshed@southarm.tas.au</p>	<p>Once approved, payment can either be enclosed with this form or via direct debit.</p> <p>Please include your name when making payment to:</p> <p>BSB: 633 000 Account Number: 173 500 240</p> <p>2025/2026 Membership \$60.00</p>
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