

BLACKHEATH AREA MEN'S SHED INCORPORATED

MEMBERSHIP APPLICATION FORM

Given Names Surname

Preferred Name Date of Birth

Address - Street Name & Number

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Town Post Code State

Phone: Mobile

Email

Emergency Contact

Current Occupation

Details of Work Experience

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Details of current medical condition/s

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I hereby apply for membership of the Blackheath Area Men's Shed Incorporated and agree to abide by the rules, procedures and requirements of the Shed's Constitution and as may be determined by the Board of Management from time to time.

Signed Date

Proposed Signature.....

Seconded Signature

Cheques should be made payable to the Blackheath Area Men's Shed, crossed, attached to this form and given to a Board Member at the Shed or posted to: Blackheath Area Men's Shed, 8 Bundarra Street, Blackheath 2785

Office Use:

Date Application Received Receipt No. Board of Management