



PARRAMATTA DISTRICT  
Men's Shed Inc.

ABN: 20269837369



## APPLICATION FOR MEMBERSHIP

I, \_\_\_\_\_

(full name of applicant)

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone : (02) \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Occupation: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone :(02) \_\_\_\_\_ Mobile: \_\_\_\_\_

hereby apply to become a member of THE PARRAMATTA DISTRICT MEN'S SHED Inc.

**All members are advised that Parramatta District Men's Shed Inc. has a statutory obligation, and a duty of care to safety in the shed. PDMSInc will regularly assess individual capacity to safely operate the Shed's tools and equipment. New members must complete the orientation and equipment assessment before they will be allowed to use the shed's equipment.**

**MEDICAL CONDITIONS/INCAPACITIES:** Are you aware of any medical conditions or impaired capacities that may compromise your safety, or the safety of others, while working with machinery and equipment, or the undertaking of any other activities, either when you are attending at the Shed, or acting on behalf of the Parramatta District Men's Shed Inc. at activities away from the Shed?

Known Medical Conditions/Incapacity: \_\_\_\_\_

***Please note, an honest response in this section may not necessarily restrict what you can or cannot do - but will improve safety (please attach a list if the above space is insufficient):***

Work Skills, Hobbies and Interests: \_\_\_\_\_

I am also a member another Men's Shed (s): \_\_\_\_\_

**In the event of my admission as a member, I agree to be bound by the Policy and Procedures of the Shed:**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

OFFICE USE ONLY

Submitted to Board of Management on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved / Denied by Board

Joining fee paid: \$ \_\_\_\_\_ Subscription paid: \$ \_\_\_\_\_ Database entry on \_\_\_\_/\_\_\_\_/\_\_\_\_ By : \_\_\_\_\_

Application received letter sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Visitor day 1 completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application approved letter sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Orientation / Assessment completed: \_\_\_\_/\_\_\_\_/\_\_\_\_