

Ku-ring-gai Community Workshop 'The Shed' Inc. Membership Application Form

If possible, please complete the form on your computer to ensure legibility. Please use additional page or reverse side of the form if space is insufficient below.

Given Name:		Surname:	
Address 1:			
Suburb:		Postcode:	
Home Phone:	(02)	Mobile Phone:	
Email:			

Emergency contact details are important however the following section is entirely optional and some members may feel more reassured if critical and potential life threatening medical details are available to Coordinators in case of emergencies. Emergency contact details will be printed on the back of your name tag for quick access and this form will be filed in your personal file in a locked filing cabinet, also accessible to Coordinators.

Given Name:		Surname:	
Relationship to you:		Phone No(s):	
Indicate any allergies, medical conditions &/or medications, &/or GP's name that you think we should know about:			

The following section is also entirely optional however this information may be very useful to enable other members to seek your advice or assistance if you have expertise which can be helpful to them. Providing this information also enables others to have a greater understanding and appreciation of your abilities and assists Coordinators in gauging the level of assistance which may be of benefit you and to The Shed.

Please outline any previous experience working with tools and equipment:	
Please outline your vocational or professional background and expertise (include first aid qualifications here):	
Please outline what you would like to do at the Shed:	

Disclaimer and acknowledgements:

I acknowledge that I will participate in The Ku-ring-gai Community Workshop 'The Shed' with the understanding that any sponsoring organisations, their representatives, the Shed's Management Committee, and people appointed as Coordinators in the Shed do not take responsibility for the personal health, safety and wellbeing of the people participating in the project and/or using the Shed facilities. The abovementioned take no responsibility for the loss of or damage to any personal items taken to the Shed.

I have been made aware that I must read the Shed's "Public and Products Liability Insurance Policy" and "Insurance Frequently Asked Questions" and will read these before attempting to work at The Shed. I am aware that limitations of work which may be carried out at the Shed are explained therein.

I will access the above two Insurance documents on the website [http:// www.kushed@bigpond.com](http://www.kushed@bigpond.com) or because I do not have access to the internet, I have been provided with access to a copy of the "Insurance Policy" and "Frequently Asked Questions" at The Shed and have read these.

I have received and read the Shed's "INFORMATION TO MEMBERS" and am aware that this membership application is subject to review by the Committee.

Signature:		Date:	
Name of Coordinator who issued and discussed Shed procedures with you:			

Payment Options (insert 'X' as appropriate)

Option 1:	Pay at the Ku-ring-gai Shed in cash or by cheque	
Option 2:	Pay by Electronic Funds Transfer (EFT) to our Bendigo Bank (BSB 633-000) account number 135768430. Please ensure your EFT transaction is uniquely identified with your full name.	

Please note: No credit cards are accepted.

ADMINISTRATION CHECKLIST		Receipt Number:		Database:	
Accounts:		Bulletin:		Name Tag:	
				File:	