

Membership Form.



Name*

Address*

Postcode*email.....

Telephone* Home.....Mobile.....

Poringland & District Men's Shed uses information about you from this form to process your membership. We are committed to transparent and lawful data processing and are collecting this data through legitimate interest. We need all of the information indicated with an *

In addition to the above, if you agree, we would like to keep you updated with Shed news, but we will only do this with your consent. Your information will be stored securely and never shared with a third party without specifically asking you first. If you would like to be kept updated, please tick

What activities would you like to be involved with?

Have you had any experience with machinery or craft tools?

Professional- please specify (eg Carpenter).....

Experienced amateur.....Home handyman.....Novice.....

Have you any interests, skills or experience that you would like to share with other shed members?

Medical circumstances

Do you have any medical or wellbeing conditions or taking any medication that would be useful for us to know about?

Induction

I have received an induction on shed procedures and have received, read and fully understand the Members Handbook.

I agree to abide by the Members Handbook and other safety measures that may be introduced and have read and agree with the constitution.

Signed.....Dated.....

Emergency Contact*

Please give details of someone we can contact in the event of an emergency.

Name.....Relationship to you.....Telephone.....