**(name) Men’s Shed Membership Form**

Please fill in your details below.

**Name:**

**Age:**

**Address:**

**Email address:**

**Phone number:**

* Please tick the box to confirm you would like to become a member of (name) Men’s Shed
* **Please select the membership you wish to choose:**

Full member (voting rights at AGM etc., edit as necessary)

Supporter (no AGM voting rights etc., edit as necessary)

Etc

Etc

Edit based on the membership types you offer

* Please tick the box to confirm that you have read and signed the code of conduct and Shed rules

**Medical & Emergency Information**

Please provide details of two emergency contacts:

**Name:**

**Address:**

**Phone Number:**

**Relationship to you:**

**Name:**

**Address:**

**Phone Number:**

**Relationship to you:**

Please detail any medical conditions and allergies you would like to inform us about. We require this information for our risk assessments, to ensure we are prepared in case of emergency and to ensure the Shed operates safely.

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Do you take any medication that you would like to tell us about? This could emergency medication that you need such as an EpiPen or asthma inhaler.

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Were you referred to the Shed by another organisation or service?

If you ticked the box, please provide details below:

Name of referrer:

Address of referrer:

Email address of referrer:

Phone number of referrer:

Why were you referred to the Shed?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you require any reasonable adjustments to access the Shed? This may be a ramp, special seating etc.?

If you ticked the box, please detail what adjustments you require below:

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**Activities**

Please tick the box to tell us what activities you are interested in:

Woodworking

Painting classes

Etc.

Etc.

Please tell us about your skills and interests

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**Declaration**

I hereby declare that all the information I have provided is correct.

I hereby declare that I understand and agree to follow the Shed rules and code of conduct.

I understand that failure to follow Shed rules may result in my membership being revoked.

**Name:**

**Signature:**

**Date:**