



Membership Form

Please complete the membership form to become a member of **FAIRFORD & DISTRICT MENS SHED**. Your form will not be accepted unless it is completed in full, including the disclaimers overleaf.

Personal Information

Name:		Known as:	
Address:			
Address continued:		Postcode:	
Date of Birth:		Email:	
Mobile Phone		Home Phone:	
I want to be considered for a role in Shed's Management Group: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have any of the following skills? Woodworking <input type="checkbox"/> Metalworking <input type="checkbox"/> Electronics <input type="checkbox"/>			
Furniture Restoration <input type="checkbox"/>			
Other			
What activities are you interested in doing in the Shed? Woodworking <input type="checkbox"/> Metalworking <input type="checkbox"/> Electronics <input type="checkbox"/>			
Furniture Restoration <input type="checkbox"/>			
Other			

Emergency Contacts

Contact Name:		Contact Number:	
Relationship:			
Doctors Name:		Doctors Number:	
Please state any medical details which we should be aware of in the case of an emergency (e.g. diabetes, epilepsy, medication)			

Shed Membership Fee

A suggested annual donation of £20 is encouraged on joining and each year thereafter, to help with the upkeep of the Shed. You should pay what you can afford and no more. The fee can be waived in some cases. Please speak to a Management Committee Member if you are concerned. In addition, each session you attend has a fee of £1.

Payment Method:

Cash Cheque (cheque payable to 'Fairford & Lechlade Areas Working for Wellbeing')

BACS Payment Fairford & Lechlade Areas Working for Wellbeing - sort code: 30-98-97

Account No: 30152363. Ref: FMS + Your Name.

Declarations and Disclaimers

You must read in full and confirm your acceptance and agreement to each of the following statements by ticking the box and abide by the attached Code of Conduct.

Safety

I understand that the activities of the Shed carry hazards and I will be doing them at my own risk. I understand that my safety is my own responsibility and confirm I will comply with the Shed's Health and Safety policy and Code of Conduct. I will wear any personal protective equipment deemed necessary for any particular item of equipment and will comply with any and all safety instructions. I agree to ensure my full understanding of the instructions for use and safety on every piece of equipment I use and I will act responsibly to ensure my own safety and that of others. I understand that the Fairford & District Mens Shed excludes all liability to the full extent permitted by law and accept that neither the Fairford & District Mens Shed nor any of its management committee / trustees shall be liable for any direct or indirect loss, damage or injury arising from or in connection with my participation in the Shed's activities and I waive all and any claims in this respect.

I hereby consent that I have read, understood and agree to the above statement and attached Code of Conduct

Health

I understand that I must disclose details about my health that might affect me in carrying out the activities in the Fairford & District Mens Shed. I understand that the Fairford & District Mens Shed is not responsible for giving me medical assistance or organising carers or medical support beyond seeking help in an emergency or referring me to professional services if they deem me to be at risk.

I hereby consent that I have read, understood and agree to the above statement

ALL medical information will be treated as confidential and held securely.

Privacy

I consent to the collection and use of my personal information for the purposes of my membership of the Fairford & District Mens Shed and in the Fairford & District Mens Shed communicating information to me.

I understand that from time to time, photographs and videos may be taken within the Shed. I consent to their use by the Fairford & District Mens Shed and UK Men's Sheds Association in the publications, newsletters and in the media to highlight the good work of Men's Sheds. I understand that this consent can be withdrawn at any time in writing.

I hereby consent that I have read, understood and agree to the above statement

Your personal information will never be distributed, sold or shared with third parties not stated above, except if required by law.

Please return your completed and signed membership form to:

Robin Ambler, FMS Membership Secretary, 154 Partridge Way, Cirencester, GL7 1LX

Signed:

Date: