SOUTH BRISBANE MEN'S SHED INC - NEW MEMBER APPLICATION

Name: First Name Surname

Address: Street

City, State, Post Code

Home Phone

Mobile Phone

Email

Date of Birth

Do you have a Blue Card? YES ◯ NO ◯

If Yes, number and expiry date

If No, please download form and submit with your membership form. Do you have any health concerns or are you on any medication that may affect your capacity to operate machinery?

YES ◯ NO ◯

Details

Emergency Contact: Name:

Relationship:

Contact Number:

Occupation: Past Present

Skills/Interests/Hobbies

Signed:

Witnessed:

Date:

Office Use Only

Induction Completed ☐

Forms Completed ☐