



Roleystone Men's COMMUNITY SHED

BLOKES HELPING BLOKES

THERE ARE TWO SIDES TO THIS FORM

I _____ (please print your name)

herby apply to become a member of the Roleystone Men's Community Shed Inc.

If my application is accepted I agree to be bound by the rules of the Roleystone Men's Community Shed Inc.

DISCLAIMER

I participate in the Roleystone Men's Community Shed with the understanding that I will make every effort to maintain a safe environment in the Shed for myself and Participants. The sponsoring organisations, their representatives and people appointed as Supervisors in the Shed, do not take responsibility for the personal health, safety and well being of the people participating on projects in the Shed. The above mentioned organisations and individuals take no responsibility for the loss or damage of any personal items taken to and from the Shed. I agree to be bound by the rules of the Association.

INFORMATION FOR APPLICANTS

- If your application is accepted, your name and address, as provided above, must be recorded in a register of members and be made available to other members, upon request, under section 27 of the Associations Incorporation Act.
- If the obligations under the Associations Incorporation Act are not complied with the Association can be wound up.
- You can access or correct personal information (your name and address) by contacting the Association as indicated above.
- If your application is accepted, you are entitled to inspect and make a copy of the register of members under section 27 of the Associations Incorporation Act.
- If your application is accepted you are entitled to inspect and make a copy of the rules (constitution) of the association under section 28 of the Associations Incorporation Act.

If your application for membership is rejected by the Committee: You may give notice of your intention to appeal within 14 days of being advised of the rejection (rule 5.4). The Association in a general meeting, no later than the next annual general meeting, must confirm or set aside the decision of the Committee rejecting your application, after giving you a reasonable opportunity to be heard or make written representations to the general meeting (rule 5.4).

PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 199

Your personal information is being collected to process this application. If you cannot provide or do not wish to provide this information, the Committee may not be able to process your application in a timely manner. The Committee is to be regarded as the agency that holds the information. You may make application to access or amend any of your information held by the Committee.

DECLARATION

The details provided by me are correct and I have read and understand the above information.

Signature: _____

Date: _____



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APPLICANT DETAILS (required)

Last Name:		First Name:	Known As:
Address:			
Suburb:		State:	
Postcode:		Phone:	
After Hours:		Mobile:	
Date Joined:		D.O.B.	Induction:
email:			

EMERGENCY CONTACT INFORMATION

Name & Relationship:			
Phone:		Mobile:	
Do you have any First Aid qualifications? Y/N If yes, what are they?			
Do you have any medical conditions that would affect your ability to use machinery or participate in activities? Y/N			
Visual Y/N	Hearing Y/N	Heart Y/N	Epilepsy Y/N
Other please list here:			
Are you currently on any medications? Y/N If yes, what are they?			
To enable to apply for grants from the Veterans Association, are you an Ex-Serviceman or son of an Ex-Serviceman? Y/N			
In which Service did you/relative serve (if known)	RAN	RAAF	RAASC
Other:			
Interests:			
Skills (e.g. Welding, Carpentry, etc):			
How did you hear about us?			