



MEMBERSHIP FORM

| | |
|--|-----------------------|
| First Name: | Surname: |
| Address: | |
| Postcode: | Date of Birth: |
| Telephone number: (please include area code) | Mobile phone: |
| email: | |

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| What skills or experience could you bring to the Men's Shed? |
| What activities interest you? Eg woodwork, metalwork etc |

Would you like to be on the Shed Committee ? **Yes** **No**

Do you agree to your image in photos/video being potentially used for publicity purposes for the group ? **Yes** **No**
(Names will not be given without express consent.)

| EMERGENCY CONTACT | |
|--|-----------------------------|
| Name: | Telephone number(s): |
| Relationship to you ? | Their address: |
| Do you have any medical conditions we should know about ? | |
| My soft drinks preference is: (Eg Coffee, milk, no sugar) | |

DISCLAIMER

I confirm that I understand and accept the very low risk of personal injury or death. I agree to comply with health & safety advice. I further acknowledge and accept that (to the fullest extent permitted by law) neither the Chippenham Men's Shed nor any of its trustees, employees or affiliates shall be liable for any direct or indirect loss, damage of injury (except by negligence or where covered by insurance). I accept that I will be responsible for any injury I cause to others. I confirm that, to the best of my knowledge, I do not suffer not suffer from any medical or other condition which might directly put myself or others in danger, that I have not declared above.

Applicants Signature: _____ Date _____

All enquires to:

The Secretary
 Chippenham Men's Shed
 C/o 8 Westbrook Close
 Frogwell
 CHIPPENHAM Wilts
 SN14 0DL

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