



<p><b>Office use Only</b>  <i>Progress Status: .....</i>  <i>Member ID Number:.....</i>  <i>Yearly Membership:.....</i>  <i>Insurance Status:.....</i></p>
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**Membership Form      BOWRAL MENS SHED**

Name: .....

DOB: .....

**Address:**

Streetname: ..... No/unit: .....

Town/Suburb: .....State: ..... Postcode: .....

Home phone No: .....

Mobile No: .....

Email.....

**Emergency Contact No/s:**

Name: .....

Home phone: .....

Mobile No: .....

Relationship to you: .....

**Medical Issues**

Have you any medical conditions we should know about? (Please list below)

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 .....

**Experiences / Skills**

What experiences/skills do you have working in sheds or workshops? (Please list below)

.....  
 .....

Dept. of Veteran Affairs Status:.....

Disclaimer

I participate in the Men's Shed Bowral with the understanding that the Bowral Mens Shed Inc.(BMS) will take every effort to maintain a safe environment in the Shed for participants. The sponsoring organisations, their representatives and people appointed as Committee Members or supervisors for the BMS do not take responsibility for the personal health, safety and well being of the people participating in the BMS. The above mentioned organisations and individuals take no responsibility for the loss or damage of any personal items taken to or from the Shed.

Signature:.....Date:.....