

Shedders membership form

BASIC INFORMATION

Name:		
Date of birth:	Mobile:	Phone:
E-mail:		
Alternative contact	Facebook;	
	Twitter;	
	Other;	
House & Street:		
village:		Post Code:

EMERGENCY CONTACT & MEDICAL

Name:		Relationship:
Address:		Phone:
City:	County:	Post code:
E-mail:		
Medical conditions:		
Medication:		

INFORMATION

All information given beyond this point is purely voluntary. Any information provided is to give us the opportunity to make the most of the Men's Shed for all members and provide the best experience possible. All information will be kept in the strictest confidence and not shared with anyone outside the committee unless permission is expressly given.

HOBBIES & INTERESTS

Hobbies:	Interests:	What would you like to get out of / learn from or achieve at the Men's Shed.

SIGNATURE

Signature of applicant:	Date:
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