

Newtown Men's Shed

Membership Application Form

Date Received:

Ref No:

Please complete ALL sections in BLOCK CAPITALS using black or blue ink. Return the completed form to the Secretary or hand it in at the shed. All personal information is held securely in accordance with GDPR.

1. PERSONAL DETAILS

First Name(s)		Surname
Date of Birth <small>DD / MM / YYYY</small>	Preferred Name / Nickname	Occupation (current or former)

2. CONTACT DETAILS

Address Line 1		
Address Line 2		
Town / City	County	Postcode
Mobile Phone	Home Phone (optional)	
Email Address		

3. EMERGENCY CONTACT

Full Name	Relationship to You
Phone Number	Alternative Phone (optional)

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4. HEALTH & WELLBEING (OPTIONAL — STRICTLY CONFIDENTIAL)

Entirely optional. Helps us keep you safe at the shed. Seen only by the committee and never shared with third parties.

Medical conditions, disabilities or mobility issues we should be aware of:

GP / Doctor's Name (optional)

GP Phone Number (optional)

5. SKILLS & INTERESTS (TICK ALL THAT APPLY)

- | | | | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Metalwork | <input type="checkbox"/> Welding | <input type="checkbox"/> Carpentry / Joinery |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Painting & Decorating | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> IT / Computers | <input type="checkbox"/> Photography | <input type="checkbox"/> Art & Crafts | <input type="checkbox"/> Cooking / Catering |
| <input type="checkbox"/> Mechanics | <input type="checkbox"/> Music | <input type="checkbox"/> Mentoring / Teaching | <input type="checkbox"/> Administration |

Other skills or interests:

6. HOW DID YOU HEAR ABOUT US?

- | | |
|---|---|
| <input type="checkbox"/> Friend or family member | <input type="checkbox"/> Existing shed member |
| <input type="checkbox"/> Local newspaper / magazine | <input type="checkbox"/> Social media |
| <input type="checkbox"/> GP / Health professional | <input type="checkbox"/> Community noticeboard |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Other (please specify below) |

If "Other", please specify:

7. MEMBERSHIP TYPE

- Full Member**
Attends regularly and participates in shed activities
- Associate Member**
Occasional attendance or supporter of the shed
- Honorary Member**
Nominated by the committee

8. ANNUAL MEMBERSHIP FEE

Annual membership is due on joining and renewed each 1st January. Please speak to the Treasurer about the current fee and available payment options. Concessionary rates are available — please ask in confidence.

Preferred payment method:

- | | |
|---|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Bank Transfer |
| <input type="checkbox"/> Cheque (payable to Newtown Men's Shed) | <input type="checkbox"/> Standing Order |

9. DATA PROTECTION & PRIVACY

Newtown Men's Shed collects your personal information solely for managing membership and ensuring your safety at our premises. Your data is stored securely, will not be shared with third parties without your consent, and will be kept only while your membership is active plus two further years. You have the right to access, correct or request deletion of your data at any time by contacting the Secretary.

I have read and understood the above data protection statement.

I agree to receive occasional communications from the shed by email or post.

10. DECLARATION & SIGNATURE

I apply for membership of Newtown Men's Shed and agree to abide by its rules, policies and code of conduct. I confirm that the information given above is accurate and complete to the best of my knowledge.

Signature of Applicant

Date (DD / MM / YYYY)

FOR OFFICE USE ONLY — DO NOT WRITE BELOW THIS LINE

Membership Number

Fee Received (£)

Approved By

Date of Approval

Induction Date

Committee Signature