Please complete the membership form to become a member of Men in Sheds Brackley. Your form will not be accepted unless it is completed in full, including the disclaimers overleaf.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Information | | | | | | | | | |
| Name: |  | | Known as: | |  | | | | |
| Address: |  | | | | | | | | |
| Post Code: |  | | Email: | |  | | | | |
| Tel no: |  | | Mobile: | |  | | | | |
| I want to be considered for a role in Shed’s Development Group: Yes ☐ No ☐ | | | | | | | | | |
| Do you have any of the following skills/experience? Woodworking Hand Tools ☐  Woodworking Machine Tools ☐ Wood Turning ☐  H&SW ☐ Risk Assessments ☐ Training ☐ First Aid ☐ | | | | | | | | | |
| Other: |  | | | | | | | | |
| What activities are you interested in doing in the Shed?  Woodworking ☐ Furniture Restoration ☐ Musical Instruments ☐ | | | | | | | | | |
| Other: |  | | | | | | | | |
| Emergency Contacts | | | | | | | | | |
| Contact name: | |  | | Contact number: | | |  | | |
| Relationship: | |  | | | | | | | |
| To ensure your safety and that of other Shed members, please state any medical details of which we should be aware in case of emergency (e.g., diabetes, epilepsy, medication) | | | | | | | | | |
|  | | | | | | | | | |
| Shed Membership Fee | | | | | | | | | |
| **Full Member**: An annual subscription of £50 (payable annually, monthly or weekly), and each year thereafter. Within the year, no further payments are required regardless of how often you attend. If joining mid financial year, a pro-rata fee (see table below) will be applied to see you through to the start of the next financial year.   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | | £50 | £46 | £42 | £38 | £34 | £30 | £26 | £22 | £18 | £14 | £10 | £6 |   **Associate Member**: An annual subscription of £5 on joining and each year thereafter, plus and additional daily attendance fee of £5.  If you consider the above fees to be unaffordable, please speak, in confidence, to the Treasurer to discuss options. | | | | | | | | | |
| Payment Method & Amount: | | Cash ☐  BACS ☐ (Men in Sheds Brackley, Sort Code: 08-92-99  Account Number: 67302547)  Cheque ☐ (Cheques made payable to Men in Sheds Brackley) | | | | | | | Amount:  £ |
|  | | | | | | | | | |
| Sign and print name: | |  | | | | Date: | |  | |
|  | | | | | | | | | |
| Please return your completed membership form to the Treasurer either in person (paper copy) or email scanned copies to admin@meninshedsbrackley.uk | | | | | | | | | |

## Declarations and Disclaimers

You must read in full and confirm your acceptance and agreement to each of the following statements by ticking the box.

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| --- |
| Safety |
| I understand that the activities of the Shed carry hazards and I will be carrying them out at my own risk. I understand that my safety is my own responsibility and confirm that I will comply with the Shed’s policies for both Health and Safety and Code of Conduct. I will wear any personal protective equipment deemed necessary for any particular item of equipment and will comply with all safety instructions. I agree to ensure my full understanding of the instructions for use and safety on every piece of equipment I use and I will act responsibly to ensure my own safety and that of others. I understand that Men in Sheds Brackley excludes all liability to the full extent permitted by law and accept that neither Men in Sheds Brackley nor its Trustees shall be liable for any direct or indirect loss, damage or injury arising from, or in connection with, my participation in the Shed’s activities and I waive all and any claims in this respect.  I hereby consent that I have read, understood and agree to the above statement. ☐  (tick) |
| Health |
| I understand that I must disclose details about my health that might affect me in carrying out the activities in Men in Sheds Brackley. I understand that Men in Sheds Brackley is not responsible for giving medical assistance or organising carers or medical support beyond seeking help in an emergency or referring me to professional services if they deem me to be at risk.  I hereby consent that I have read, understood and agree to the above statement. ☐  (tick) |
| Privacy |
| I consent to the collection and use of my personal information for the purposes of my membership of Men in Sheds Brackley and in Men in Sheds Brackley communicating information to me.  I understand that occasionally photographs and videos may be taken within the Shed. I consent to their use by Men in Sheds Brackley and, or, UK Men’s Sheds Association in publications, newsletters and in the media to highlight the good work of Men’s Sheds. I understand that this consent can be withdrawn at any time in writing.  I hereby consent that I have read, understood and agree to the above statement. ☐  (tick)  **ALL medical information will be treated as confidential and held securely. Your personal information will never be distributed, sold or shared with third parties not stated above, except if required by law.** |

Thank you for your interest in Men in Sheds Brackley