Centenary Suburbs Men's Shed Inc.
MEMBERSHIP APPLICATION FORM

125 Monier Road
Seventeen Mile Rocks 4073
(PO BOX 3026 DARRA 4076)
E-mail: Info@csms.org.au
Web: www.csms.org.au

Application Fee – New Member	$ 20.00	Fees payable to Treasurer by EFTPOS, EFT or cash.
Membership Fee per annum Associate Member (Associate Members (nonvoting rights). Membership fees cover insurance costs and badge only.) Pro Rata (eg.Jan to April until end of financial year) May -June covered for the next financial year	$ 100.00 $ 80.00 $60.00	EFT Details: BSB 034-108 Account no: 690264 Account Title: Centenary Suburbs Men's Shed Inc.
Total Fees Due	$	

IMPORTANT NOTE:

YOU MUST BE ELIGIBLE TO HAVE A BLUE CARD TO APPLY FOR THE MEMBERSHIP OF CENTENARY SUBURBS MEN'S SHED

PERSONAL DETAILS

Surname:	First Name:
Preferred first name for name badge (if different):	
Street Address:	
Suburb:	Postcode:
Phone	Date of Birth
Email Address: _____ *Please print email address clearly with text case sensitive.*	

PRIVACY

Contact details: Your contact details will remain confidential within the association but may be included in part in membership contact lists circulated to members.

Photography: Photographs or videos may be taken from time to time and distributed for publicity and marketing purposes. Please avoid these occasions if you do not wish to be photographed.

EMERGENCY CONTACT DETAILS

Full Name:	Relationship to you:
Day contact No.:	Mobile No.:

You will be required to complete the ***Member's Medical Records Form*** which will be held in confidence within an envelope in your file by the Men's Shed Management Committee. This form will be made available for Medical Professionals in the case of emergency.

Members are asked to update their medical records if there is any change.

If you resign your membership and you do not ask for the medical form to be returned, the form will be shredded after three months from the date of your resignation.

NOMINATED BY: _____ SIGNATURE: _____

(Must be a current Financial Member) (Please Print)

SECONDED BY: _____ SIGNATURE: _____

(Must be a Committee Member) (Please Print)

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MEMBER CODE OF PRACTICE

1. I will attend the Centenary Suburbs Men's Shed with the understanding that the Shed Management Committee, the Shed Manager and the Team Leaders will take every effort to maintain a safe environment in the shed for participants and volunteers.
2. I understand that I am to take responsibility for my personal health and well-being while working in the shed and that I have a responsibility to maintain a healthy and safe environment for all people in the shed.
3. I will obey safety / PPE signs as displayed in the shed.
4. I will obey instructions when issued by the shed supervisors.
5. I will not smoke cigarettes or vape in the shed or within 5 metres of the shed.
6. I will not attempt to work in the shed while I am intoxicated with liquor or drugs.
7. I will not work alone in the shed.
8. I will take personal responsibility for my personal items taken into the shed.
9. I will not wilfully damage the shed environment or any one's personal property.
10. I will avoid violence, swearing and aggressive behaviour.
11. I will treat others with respect.
12. I will maintain reasonable standards of dress, hygiene and grooming.
13. I will participate in programmed activities and encourage others to take part.
14. I will take an active role with regard to making decisions about programs, program content and expressing personal needs and goals.
15. **I understand that associate membership relates to the Art Program and social activities only.**

I agree to comply with the above Members Code of Practice

Signature_____Date____/____/_____Witness_____
(Must be witnessed by nominator or seconder)

Insurance: Centenary Suburbs Men's Shed is affiliated with the Australian Men's Shed Association (AMSA) and is insured for Public and Product Liability coverage to $40,000,000 under AMSA's group insurance policy.

Correspondence - will be distributed via Email. If you do not have an Email address important correspondence will be placed in a folder in the Centenary Suburbs Men's Shed meeting room.

Office Use:

Attached Medical Form_____ YES / NO

Fees Paid____/____/_____Cash EFT.
Approved by Management Committee ____/____/_____

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Statement of Work Experience and Qualifications

Service history **Yes** ☐ **No** ☐

Please indicate if you are a Veteran or have an ex-service history

If yes, please indicate Service record (eg RAAF 1970-1996) ……..

Trade or Professional qualifications

Please list any Trade or Professional qualifications (specify the main qualification)

……..

Work Experience

Please list Work Experience (e.g. office manager, salesman, builder, - main one only)

……..

Hobbies/Interests

Please list your hobbies or interests (0ptional) ……

ARE YOU PREPARED TO HELP?

Centenary Suburbs Men's Shed Inc. (CSMS) is a `Not for Profit' association with aims that assist men to achieve personal worth through socialising with each other and through assisting with community projects. CSMS is run by volunteers who see the intrinsic value in helping fellow members and members of the general community. The Management Committee needs help to run an efficient and effective organisation and there will be several sub committees established with specific purposes.

Please tick the appropriate box/es to indicate what areas you would like to be involved in

Tick	Function	Roles
☐	**Catering**	• Catering – Assisting with preparation of and running of social activities at Shed
☐	**Member Welfare**	• To join a small group to welcome new members and visitors to our meetings/shed and contacting members who are experiencing sickness or isolation.
☐	**Community Projects**	• Work in small groups to assist the community when requested • Liaise with community groups with regard to projects when required
☐	**Meeting Room Cleaning Roster**	• Join a roster and attend on nominated day to clean the meeting room and associated areas.
☐	**Grant and Funding resourcing**	• Ascertain new forms of Grant Funding or income sources. • Help compile and write grant applications.
☐	**Shed Operations and Procedures**	• To help set up policy and procedures for working in the shed. • To address Workplace Health and Safety Issues.
☐	**Administration**	• To be involved in the marketing of the shed through newsletters, web or Facebook.

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After review of your application, you will be invited to the shed to participate in a discussion with a couple of Committee Members where the following will be discussed

Getting to Know You

- What brought you along to the Men's Shed today?
- How did you hear about our Shed?
- Have you been involved in a Men's Shed before?
- Are you retired, still working, or somewhere in between?
- Do you live locally?

Skills & Interests

- What sort of activities interest you here? (e.g. woodworking, metalwork, art, social activities, gardening, etc.)
- Do you have any particular skills or experience you'd like to share with others?
- Is there something new you'd like to learn or try out?
- Are there any projects or hobbies you're currently working on?

Participation & Involvement

- How often do you think you might like to come in?
- Are you interested in helping with community or fundraising projects?
- Would you like to be part of a sub-committee or take on a small responsibility later? (optional, no pressure)

Health, Safety & Wellbeing

- Do you have any health or mobility issues we should be aware of for safety reasons?
- Are you comfortable with using workshop equipment, an assessment/induction on each machine will be undertaken prior to use.
- Do you hold any relevant qualifications or cards (e.g. First Aid, Blue Card, Power Pass, etc.)?

Social Connection

- What do you enjoy most about being part of a group like this?
- Are you looking for social connection, hands-on activity, or a bit of both?
- Would you be interested in joining our social events or outings?

Finishing Up

- Do you have any questions about how the Shed runs?
- Is there anything you'd like to see the Shed offer in future?
- Would you like a tour or introduction to some of the members today?

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MEMBER MEDICAL RECORD - THIS FORM MUST BE COMPLETED.

This document should be placed in a sealed envelope with your name clearly printed on the front. The sealed envelope will be held in a cabinet at Centenary Suburbs Men's Shed. In the event of a medical emergency, this form will be made available to Ambulance or Medical officers.

PERSONAL DETAILS

Surname:		Preferred First Name:
Street Address:		
Suburb:	Mobile:	Blood group

EMERGENCY CONTACT DETAILS

Contact No.1	Mobile or Ph. No
Contact No. 2	Mobile or Ph. No.

Doctors Name:	Practice name
Suburb	Phone:
Specialist Name:	Phone:
Pensioner Health Card No.	Veterans Affairs No.
Health Fund name	Health Fund No
Health Fund Card No:	Medicare Card No.
Advanced Health Care Direction information (eg NFR)	

Medical History

Do you have any existing medical conditions? E.g. Heart Condition, Asthma, High or low blood pressure, Diabetes, Epilepsy or other conditions.
Outline any of the above
Any known allergies? -
Medications (please note – any changes will need to be communicated and form renewed) Outline type and dose.

Signature	Date