

Waterwheel COMMUNITY SHED

BLOKES HELPING BLOKES

THERE ARE TWO SIDES TO THIS FORM

I _____ (please print your name)

herby apply to become a member of the Waterwheel Community Shed Inc. and I agree to be bound by the rules of the Waterwheel Community Shed Inc. and its adopted policies.

DISCLAIMER

I participate in the Waterwheel Community Shed with the understanding that I will make every effort to maintain a safe, friendly and welcoming environment in the Shed for myself and Participants. The Management Committee or people appointed as Supervisors in the Shed, do not take responsibility for the personal health, safety and wellbeing of the people participating on projects in the Shed. The Waterwheel Shed and members take no responsibility for the loss or damage of any personal items taken to and from the Shed. I agree to be bound by the rules of the Association.

INFORMATION FOR APPLICANTS

- When your application is accepted, your name and address, as provided above, must be recorded in a register of members and be made available to other members, upon request, under section 27 of the Associations Incorporation Act.
- If the obligations under the Associations Incorporation Act are not complied with the Association can be wound up.
- You can access or correct personal information (your name and address) by contacting the Association as indicated above.
- When your application is accepted, you are entitled to inspect and make a copy of the register of members under section 27 of the Associations Incorporation Act.
- When your application is accepted you are entitled to inspect and make a copy of the rules (constitution) of the association under section 28 of the Associations Incorporation Act.

Your application for membership may be rejected by the Management Committee if you:

- Fail to pay the appropriate fee.
- Fail to agree to the Rules of Association and its duly adopted policies
- Provide false and dishonest information on the form attached.

PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 199

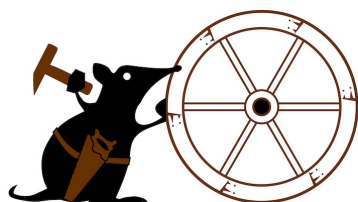
Your personal information is being collected to process this application. If you cannot provide or do not wish to provide this information, the Management Committee may not be able to process your application in a timely manner. The Management Committee is to be regarded as the agency that holds the information. You may make application to access or amend any of your information held by the Management Committee.

DECLARATION

The details provided by me are correct and I have read and understand the above information.

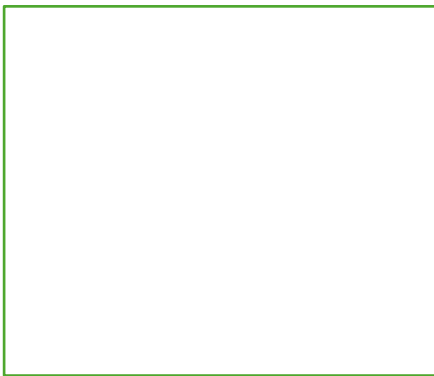
Signature: _____

Date: _____



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Payment to Roleystone-Karragullen Bendigo Bank
BSB 633 000 A/C No. 218 786 135

APPLICANT DETAILS (required)				
Last Name:		First:		Known As:
Address:				
Suburb:		State:		
Postcode:		Phone:		
D.O.B.		Mobile:		
Date Joined:		email:		
EMERGENCY CONTACT INFORMATION				
Name & Relationship:				
Mobile:		email:		
Do you have any medical conditions that would affect your ability to use machinery or participate in activities? Y / N				
Visual	Y / N	Hearing	Y / N	Heart Y / N Epilepsy Y / N Other:
Are you currently on any medications? Y / N				
If yes, what are they?				
Do You Have a Disability?				Y / N
Do You Come From a CaLD Background? (Cultural & Linguistic Diversity)				Y / N
Are You Indigenous/Torres Strait Is.				Y / N
Do you have any First Aid qualifications? Y / N				
If yes, what are they?				
To enable to apply for grants from the Veterans Association, are you an Ex-Serviceman or son of an Ex-Serviceman? Y / N				
In which Service did you/relative serve (if known)				
RAN	RAAF	RAASC	None	
Other:				
Interests:				
Skills (e.g. Welding, Carpentry, etc.):				
How did you hear about us?				
Roleystone Courier	Web Page	Facebook	Newsletter	Articles