## SHEDQUARTERS

Registered Charity No 1198347 Member of the UK Men's Sheds Association

Website: www.shedquarters.org.uk



Postal Address: 9 Birch Close Sonning Common Reading, RG4 9LE

Email: membership@shedquarters.org.uk

## MEMBERSHIP APPLICATION

I hereby apply to become a member of Shedquarters. I agree to abide by the rules in the Shedquarters Member's Handbook and the Shedquarters Health and Safety Policy.				
Personal Information:				
Name:		Knc	wn as:	
Address:				
		Pos	tcode:	
Email address:		Dat	e of Birth:	
Contact phone number:				
Your skills and knowledge, that you are willing to share with other members:				
What are you interested in learning whilst at Shedquarters?				
Woodworking [ ]				
Metalworking [ ]				
Something else? Please le	et us know			
Name of Person to contac	t In Case of an Emergency:			
Their relationship to you:		Their Telephone Numbe	er:	
Do you have any conditions or disabilities, or are you taking any medicines, that may prevent you from safely using any hand tools, power tools or other equipment whilst at the Shed? If <b>YES</b> please provide details below, or contact us to discuss how these may impact your ability to make full use of the facilities at the Shed.				
If yes, please describe:				
**** Please note: Your name badge will display details of your Emergency Contact on the rear ****				
Membership Form v6 11/2024 Please turn over				



## Shedquarters Membership Fees: Membership fees will be charged at £25 per calendar quarter or £90 per calendar year, payable in advance by bank transfer. Other payment arrangements may be possible at the discretion of the Trustees. Please indicate your preferred billing Quarterly [ ] Annually [ ] frequency for membership fees: Declarations and Consents: I confirm I have read and I agree to abide by the rules in the Shedquarters Member's Handbook and the Shedquarters Health and Safety Policy. I understand that I must disclose details about my health that might affect me in carrying out activities or using equipment at Shedquarters. I understand that Shedquarters 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 consent to Shedquarters storing my personal information, and using my email address to communicate with me for the general administration of my membership, for billing purposes and for sharing information about Shedquarters news and activities. (Note: we will only contact you by telephone to discuss your application or in the case of an emergency.) I consent to Shedquarters and UK Men's Sheds Association from time to time using photographs and videos that will have been taken in association with Shedquarters activities. Please sign and date here to confirm your agreement and consent to all the above: Signed: Date: Once completed, please return this form by email to info@shedquarters.org.uk or by post the the address above. Upon receipt, you will be provided with your Membership Badge and will be invoiced for your Membership Fee (pro-rated for your chosen billing period). Please do NOT submit payment with this form. For Office Use Only Added to Clubtreasurer Payment received Membership Number Other Information

Membership Form v6 11/2024