The Strathalbyn Wood Craft Group Inc
(The Woodshed)

APPLICATION FOR MEMBERSHIP

INFORMATION ONLY

Surname	Given name	Preferred name	Date of birth

Home phone	Mobile phone	Email address

CONTACT the Secretary
0424 365 011
for all membership enquiries

Street address

Postal address *(if different from abo*

Conditions of membership

(1) I accept that I cannot use machinery unsupervised until I have completed the Woodshed Orientation session.

(2) I agree to abide by the Constitution and By-Laws of the Strathalbyn Wood Craft Group Inc.

(3) I confirm I have given written advice of any condition I am aware of that may increase the risk of harm to myself or others.

(4) I have read and I understand the attached *Code of Conduct*, and agree with the provisions therein.

(5) I note that any member or person under the age of 18 years must be accompanied by a parent or guardian.

Note: *The Strathalbyn Wood Craft Group Inc welcomes all comers as members and is committed to support its members as much as possible. People who appear lacking in movement control, whether from alcohol, drugs or some other reason will not be permitted to work in the shed, but are welcome to enjoy our company in the kitchen.*

Please see over

ALTERNATIVE CONTACT DETAILS:

INFORMATION ONLY

Partner:		
Emergency contact if not partner:		

Do you have a current Child Protection/Working with Children police clearance: **YES / NO**

Please list any general information about your work history, trades, professional qualifications and skills which may help others in the Shed:

Signed: …… Date: ……
Applicant

BSB: 085-921 ☐

ACC: 705088655

OR

SQUARE: ☐

Office use only:

Received by: *(print name)*

Amount: $

Date: