



# Mount Beauty & District Men's Shed Inc.

## 2020-21 — Membership Application

Surname: .....

Given Name: .....

Postal Address .....

Town ..... State ..... P/Code .....

Residential Address (if different from above) .....

Town ..... State ..... P/Code .....

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Telephone ..... Mobile .....

Work Place Telephone (if appropriate) .....

Email .....

Date of Birth .....

Occupation (past & present) .....

Emergency Contact:

• Name: .....

• Relationship: ..... • Telephone: .....

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**Fee: \$45.00/year** — Covers *Voluntary Workers Personal Accident* insurance.

**How to pay:** (1). At the Shed, (2). By cheque & mail to Shed, (3). Directly at the Bendigo Bank, (4). **Direct Credit**  
*Account name: Mt Beauty & District Men's Shed Inc., BSB: 633 000, Account #: 144372661* (5). At the Mount  
Beauty Hardware & Drapery Store.

*I wish to make a donation in addition to my membership fee of:*     \$.....

I hereby agree to abide by the purposes & objectives and constitution of the Mt Beauty & District Men's Shed Inc.  
and understand that my membership has to be approved by the committee.

Signed ..... Date .....

Please Turn Over

**Contact details:**

**Address:** The Secretary, Mt Beauty & District Men's Shed Inc, 2 Tennis Court Ave. Mount Beauty 3699

**Tel:** 03 5754 4606     **Mob:** 0400 056 247     **Shed:** 03 5754 4676

**Email:** [secretary@mountbeautymensshed.org.au](mailto:secretary@mountbeautymensshed.org.au)

**Website:** <[www.MountBeautyMensShed.org.au](http://www.MountBeautyMensShed.org.au)>

**Incorporation Registration #:** A0056978V     **ABN #** 74 621 137 797

## Privacy Statement

The Mt Beauty and District Men's Shed collects personal information on this form to facilitate your membership and safety in the Shed. The information will only be provided to members who need to know it for those purposes and will be kept secure throughout. If you want to change the information please contact the secretary.

## Skills & Experience


## Interests/Hobbies


**Limitations: Medical** — Have you any health conditions, or are you on any medications, that may **limit** your capacity to **safely** operate machinery or does your condition need to be managed?


**Limitations: Physical** — Have you any physical conditions (back, eyesight, hearing etc) that may **limit** your capacity to **safely** operate machinery or take part in Shed activities?


**Note:** Members with an email address need to **sign-up to the Shed website** to receive all communication.

**Signing up is an easy process.** Login to the website <[www.MountBeautyMensShed.org.au](http://www.MountBeautyMensShed.org.au)> and enter your name & email address on the right of the Home Page. Click the Sign-Up button.

**Please Turn Over**

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**Tel:** 03 5754 4606      **Mob:** 0400 056 247      **Shed:** 03 5754 4676  
**Email:** [secretary@mountbeautymensshed.org.au](mailto:secretary@mountbeautymensshed.org.au)  
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