

Katoomba Men's Shed Inc. Tel: 02 4782 SHED 02 4782 7433 6 Orient Street, Katoomba NSW 2780 Email: secretary@kms.org.au Web: www.kms.org.au

Member Application & Renewal Form

□ New	nember \square Renewing	for year [☐ Re-joining	
Renewin	g members please fill in	name and any <i>che</i>	anged details.	
Name:			Preferred:	
Postal Address:				
Town:	\$	State	Postcode:	
Home phone:	ľ	Mobile phone:		
Email address:				
Communication ☐ email (preferred) ☐ Message board at Shed ☐ Send by post				
Emergency Contact:		Phone:		
Partner/spouse - first nan	ie	☐ same as eme	rgency contact 🏻 No partner	
Name of Medical Doctor:		Phone:		
Attach a separate page with details of any medical conditions that the Shed should be aware of. This will remain confidential.				
Skills and interests – Please list any skills/interests relevant to your Shed membership.				
Submitting this form and pa objectives and agree to follo	•		* *	
The objectives of the Kato members by providing an	omba Men's Shed are t environment where m	to advance the he	ealth and well-being of its	
Signature			Date	
Fees - Renewing members \$	35: New members \$40	(Jul to Dec this cov	vers the subsequent year).	

Fees –Renewing members \$35; New members \$40 (Jul to Dec this covers the subsequent year). **Payment options:** Cash at the Shed, Cheque made out to Katoomba Men's Shed Inc. or contact Secretary for bank details for electronic funds transfer.

Office use only				
Initial and date please				
Received by:	Treasurer:	Secretary:		
Date:	Date:	Date:		
Recommendation to Management Committee:				
(To be completed by an existing member of the Katoomba Men's Shed)				
I have talked to the applicant and recommend that this application be approved. (Include comments if needed).				
(merade comments ir necaca).				
Signed	Date			
Notes				