

Safety Beach Dromana Men's Shed

75 Pier Street, Dromana. Vic. 3936 | PO Box 642 Dromana. Vic. 3936

Phone: 5981 4765 | Email: secretary@sbdmensshed.com | Web: www.sbdmensshed.com

Membership Application Form

Name	Date of Birth	
<input type="text"/>	<input type="text"/>	

Street Address	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	<input type="text"/>	Mobile	<input type="text"/>
-------	----------------------	--------	----------------------

Email	<input type="text"/>
-------	----------------------

(Former) Occupation	<input type="text"/>
---------------------	----------------------

Emergency Contacts

1. Name	<input type="text"/>	Relationship	<input type="text"/>
---------	----------------------	--------------	----------------------

Phone	<input type="text"/>	Mobile	<input type="text"/>
-------	----------------------	--------	----------------------

2. Name	<input type="text"/>	Relationship	<input type="text"/>
---------	----------------------	--------------	----------------------

Phone	<input type="text"/>	Mobile	<input type="text"/>
-------	----------------------	--------	----------------------

Skills, interests & hobbies

Please share your particular work skills eg profession, trade, skillset, together with areas of interest (eg hobbies,sports etc) that you might like to discuss with other like-minded members

Disabilities:

Please declare any health condition, history, medication or allergy that may affect your capacity to safely operate machinery or could be adversely affected by membership of this Shed

Workshop skills and experience

On the reverse side please declare your knowledge / experience in the use of equipment that you may wish to use at the Shed

Declaration

By signing this application I confirm that I will abide by the policies of the Shed as contained on the SBDMS website and available at the Shed upon request. I acknowledge and agree that the safety and well-being of members and visitors is the primary concern of every member of the Shed and that all members are responsible for their own safety and the safety of others around them.

Signed	<input type="text"/>	Received by	<input type="text"/>
--------	----------------------	-------------	----------------------

Date	<input type="text"/>	Application Accepted	<input type="text"/>
------	----------------------	----------------------	----------------------

Workshop skills and experience

Please declare your knowledge and experience in the use of equipment that you may wish to use at the Shed

Knowledge and Experience	Fully familiar	Some Knowledge/Exp	Little or No Experience
	↓	↓	↓
Assistance required	No assistance or training required	Will seek assistance when required	Will not use without assistance

Tick one box for each item below

Power tools

Power saw - portable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Router	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail Gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fixed Saws

Panel Saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop Saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Band Saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thicknesser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drill Press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood lathes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal lathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welding equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>