

Dorchester Men's Shed

Membership Form

Complete the membership form to become a member of Dorchester Men's Shed. Your form will not be accepted unless it is completed in full, including the disclaimers overleaf.

Personal Information Name: Known as: Address: Postcode: D.O.B: Email: Tel no: Mobile: I want to be considered for a role in Shed's Development Group: Yes No Do you have any of the following skills? Woodworking Metalworking Electronics Furniture Restoration Other: What activities are you interested in Woodworking Metalworking doing in the Shed? Electronics Furniture Restoration Other: Emergency Contacts Contact name: Contact number: Relationship: Doctor's name: Doctor's number:
Address: Postcode:
D.O.B: Email: Tel no: Mobile: I want to be considered for a role in Shed's Development Group: Yes □ No □ Do you have any of the following skills? Woodworking □ Metalworking □ Electronics □ Furniture Restoration □ Other: What activities are you interested in Woodworking □ Metalworking □ Going in the Shed? Electronics □ Furniture Restoration □ Other: Emergency Contacts Contact name: Contact number: Relationship:
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Do you have any of the following skills? Woodworking
Electronics ☐ Furniture Restoration ☐ Other: What activities are you interested in doing in the Shed? ☐ Electronics ☐ Furniture Restoration ☐ Other: Emergency Contacts Contact name: ☐ Contact number: Relationship:
Other: What activities are you interested in Woodworking
What activities are you interested in Woodworking
doing in the Shed? Electronics ☐ Furniture Restoration ☐ Other: Emergency Contacts Contact name: Contact number: Relationship:
Other: Emergency Contacts Contact name: Relationship:
Emergency Contacts Contact name: Relationship: Contact number:
Contact name: Contact number: Relationship:
Relationship:
Doctor's name: Doctor's number:
Please state any medical details which we should be aware of the case of emergency (e.g.
diabetes, epilepsy, medication)
Shed Membership Fee
An annual subscription of £60 is payable on joining and each year thereafter on 1st May to help
with the upkeep of the Shed. The fee can be waived in some cases. Please speak to the
Chairperson of the Management Committee if you are concerned.
Payment method Cash
for Annual Cheque (payable to Dorchester Men's Shed C.I.C.)
Donation: BACS Payment (Account name: Dorchester Men's Shed C.I.C.,
Sort Code: 40-19-21 Account no: 51566954. Please give your full name as
the reference with your payment)
Signature: Date:

Please read and confirm your agreement to the statements on the rear of this form by ticking the relevant boxes. Please return your completed membership form to the Secretary, Dorchester Men's Shed C.I.C., Lamberts Cottage, White Lackington, Piddletrenthide, Dorchester DT2 7QU.



Dorchester Men's Shed

Thank you for your interest in Dorchester Men's Shed.

Declarations and Disclaimers

You must read in full and confirm your acceptance and agreement to each of the following statements by ticking the box.

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Safety
I understand that the activities of the Shed carry hazards and I will be doing them at my own risk. I understand that my safety is my own responsibility and confirm that I will comply with the Shed's Health and Safety policy. I will wear any personal protective equipment deemed necessary for any particular item of equipment and will comply with any and all safety instructions. I agree to ensure my full understanding of the instructions for use and safety on every piece of equipment I use, and I will act responsibly to ensure my own safety and that of others. I understand that Dorchester Men's Shed C.I.C. excludes all liability to the full extent permitted by law and accept that not Dorchester Men's Shed C.I.C. nor any of its Directors and Management Committee shall be liable for any direct or indirect loss, damage or injury arising from or in connection with my participation in the Shed's activities and I waive all and any claims in this respect.
I hereby consent that I have read, understood and agree to the above statement. \Box (tick)
Health
I understand that I must disclose details about my health that might affect me in carrying out the activities in Dorchester Men's Shed C.I.C I understand that Dorchester Men's Shed C.I.C. 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. All medical information will be treated as confidential and held securely.
I undertake to read the Shed's Health & Safety Policy on the Shed's notice board.
I hereby consent that I have read, understood and agree to the above statement. \Box (tick)
Privacy



Dorchester Men's Shed

I consent to the collection and use of my personal information for the purposes of my membership of Dorchester Men's Shed C.I.C. and in Dorchester Men's Shed C.I.C. communicating information to me. Your personal information will never be distributed, sold or shared with third parties not stated above, except if required by law.
I hereby consent that I have read, understood and agree to the above statement. \Box (tick)
I understand that from time to time photographs and videos may be taken within the Shed. I consent to their use by Dorchester Men's Shed C.I.C. and UK Men's Sheds Association in publications, newsletters and in the media to highlight the good work of Men's Sheds. I understand that this consent can be withdrawn at any time in writing.
I hereby consent that I have read, understood and agree to the above statement. \Box (tick)