

# Application for Membership of Eltham & District Woodworkers Inc.

## Applicant Details:

Name:	Occupation
Address:	
Suburb	Postcode
Home Phone Number	Mobile Number:
Email Address:	

## My interests in Woodworking are:

Turning <input type="checkbox"/>	Scroll saw <input type="checkbox"/>	Cabinet Making <input type="checkbox"/>	Pyrography <input type="checkbox"/>
Musical Instrument Making <input type="checkbox"/>	Box Making <input type="checkbox"/>	Carving <input type="checkbox"/>	Other <input type="checkbox"/>

Note: The membership process entails a preliminary meeting and discussion with representatives of the Club Management Committee.

**In the event of my admission as a member I agree to be bound by the rules of the club which include the following: Yes, I agree**

New members are required to undertake safety training and equipment familiarisation before they are permitted to use club facilities. Members that have a pre-existing medical condition that could affect safety, must declare these as part of the membership process.

The club holds personal and third-party insurance through the Australian men's Shed Association. The Policy covers most accident situations, but members are still responsible for their own and others safety when working on club premises and external club events.

## Signature of Applicant

\_\_\_\_\_ Date: / /

Please email a scanned copy to [secretary@elthamwoodworkers.org.au](mailto:secretary@elthamwoodworkers.org.au), or you can mail a hard copy to:

**Eltham & District Woodworkers Inc.**  
**C/- Yarrambat Post Office, 461 Ironbark Road**  
**Yarrambat Vic 3091**

## For Club Use:

Name of proposer \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Application received: / /	Membership approved: / /
Details recorded: / /	

