



MEMBERSHIP FORM

Shedders must be 18 years or over

Name. ....

Address .....

.....Post code.....

Tele. .... Mob. ....

E.Mail. (please print).....

Emergency Contact Person/Carer Name. ....

Contact tele. Home.....Mob.....

What are your skills/Hobbies/Interests?

Is there any new project you would be interested in creating?

Notes.-Personal Information and General Data Protection Regulations 2018

As Secretary of the Kinross and District Men's Shed i hold your membership details including name and address telephone and email address where known so as to be able to contact you about items relating to the club. This information is confidential and will NOT be given to ANY other source. With new GDPR legislation in force, i require your authorisation for me to store your details on computer.

Please sign here if you agree to this. ....

Shed Safety. You agree to follow all KDMS safety rules and instructions from the shed manager. If a member has a carer they must accompany them at all times.

Medical Conditions: have you any Health conditions which may require emergency medication or other treatment. Does your disability or medication affect your capacity to safely operate machinery/equipment. An honest response may not necessarily restrict what you can or cannot do , but will improve safety.

By signing this form I agree to the KDMS vision, Mission, Ethos and Values, and the requirements of our constitution. I confirm the above information is correct and will advise KDMS of any change.

New Shedder Applicant Signature. .... Date of Birth.....

Application Date. .... Acceptance Date .....

KDMS. Approved by .....Position.....

Shedder ID Number .....