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| **Application for Membership**  **Please PRINT CLEARLY, preferably all in UPPER CASE, so that your details can be easily read.** | | | | | | |
| I ....................................  *(Surname (e.g. Jones)* | | *....................................................*  *Formal First Name (e.g. Robert)* | | | *..................................................*  *Informal 1st Name (e.g. Bob)* | |
| Date of Birth: ....../......../........... | | | Place of Birth: ........................................................................... | | | |
| Home Address: ........................................................................................................................................... | | | | | | |
| Home Phone: ................................................ | | | | Mobile Phone: ............................................... | | |
| Email Address: ...................................................................................................................................  *(Printed UPPER CASE Preferred e.g. BOBJONES34@GMAIL.COM)* | | | | | | |
| Emergency contacts: (These are essential and two are required)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name: | …………………………………………………….......... | | Relationship: | | …………………………………… | | Phone: | …………………………………………………… | Mobile: | | ……………………………………………………….. | | | | Name: | …………………………………………………….......... | | Relationship: | | …………………………………… | | Phone: | …………………………………………………… | Mobile: | | ……………………………………………………….. | | | | | | | | | |
| Do you have Ambulance Cover: .................. *(Yes or NO)* | | | | | | |
| Disabilities: Please declare any health condition or history, medication or food allergy that may affect your capacity to safely operate machinery or could be adversely affected by being a member of this shed:  Work skills and hobbies:  Please declare your experience in the use of the tools and equipment you have been shown: | | | | | | |
| On the basis that you have read and accepted the conditions detailed in our Information Sheet, please fully complete, sign and date this form and submit it to the secretary for consideration at a subsequent Committee Meeting. You will be advised of the Committee’s decision in writing directly thereafter. | | | | | | |
| Signed: ........................ | Dated ......./....../........ | | | Received: .................... | | Dated ......./....../........ |

**Duty of Care**

In signing this application I.................................................................. Acknowledge that:

* the person who is primarily responsible for my safety is my self
* the Shed provides an environment for me to only use Shed, or other equipment brought into the Shed, that I am competent to use
* and that I will not use equipment that I am not competent to use without instruction in the use and risk of use from somebody more competent than I and that the subsequent use of such equipment is my responsibility and that of nobody else.
* I must never attempt any activity that in beyond my capability or experience
* I will not use any equipment that I observe, or that I have been advised, to be faulty or potentially faulty and that I will advise any member of the shed committee that I can find of such a problem

I also acknowledge that Shed policy is that the safety and well-being of all members and visitors is of concern to each and every members of the Shed and the policy must never be taken lightly or ignored and that all members, including myself, have a duty of care regarding the safety and well-being of others in connection with their activities in the shed. As such:

* Whenever I observe or are made aware of inappropriate use of equipment by a member, I will advise that member of the correct use of such equipment and the potential consequences of his actions
* If subsequent actions by that member are observed by me to be inappropriate, I will also advise a member of the executive (president, vice president, treasurer &/or secretary)
* Where I become aware of a real or potential fault/problem in any piece of equipment, I will immediately inform any current user and any member of the shed committee that I can find

Further, the purpose of the shed is to provide an environment where men can socialise in harmony, and where and when they desire, to extend their abilities in as many activities as the Shed can provide and I acknowledge that, without compromising the safety of others,

* I must not take actions which will detrimentally affect the harmony and well-being of others.

In summary, my safety is solely my responsibility but I have a duty of care to all other members of the Shed to protect their safety where I am able and to maintain an environment of sociability and harmony in all activities of the Shed

I (understand that a breach of the above policy and/or the purpose of the shed may result in my membership being terminated.

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| **Signed:** | ....................................................... | **Witnessed by:** | ......................................................... |
| **Date:** | .................................................... | **Position:** | ......................................................... |

**Membership Application Procedure**

As an applicant who wishes to become a formal member of the R&DMS, you will need to perform each of the following steps to ensure prompt approval by the committee of your membership application.

1. **Understand why the R&DMS may be your ideal club for you to join and be involved in.** Please read the R&DMS introduction documents to fully understand your responsibilities as a member and the overall objectives of the club.
2. **Complete the membership application form and submit it to the R&DMS Secretary for processing**. Please fully complete the application form by entering the requested information, preferably in clear upper case and printed format so that your application can be easily read by the committee.
3. **Attend R&DMS Meetings**

You need to sign-in and attend a minimum of four (4) R&DMS Club meetings before formal membership can be granted. Meetings: 10:00 – 12:30 on Wednesdays at 11A Allambi Avenue Capel Sound.

1. **Involvement in R&DMS Activities**

You need to sign-in and attend at least one (1) official R&DMS activity before formal; membership approval can be granted. Activities include any currently operating R&DMS group session or working project.

1. **Payment of Subscription Fee and Badge Purchase.**

Once all of the above steps have been successfully completed and the committee has approved your application you will have to pay your annual subscription fee and your badge fee within 14 days of approval.

1. The current subscription fee is $50.00. This fee consists of a $50 membership component and a $0 Consumables component.
2. For new members the annual subscription fee will be calculated on a pro-rata basis, determined by the month that membership is approved. The relevant annual subscription fee is due for payment as soon as the application has been formally advised as approved.
3. R&DMS Members Badge cost is $10.00 per badge.

Once fees have been paid you will be formally presented with a badge as a new member of R&DMS at the Wednesday Meeting and your details will be included in the official membership listing and the members email listing.

**Contact the Secretary to arrange support if you need and assistance in processing these requirements.**

**Unable to process?**

In the event that you cannot process all of these steps within three (3) months of submitting your application your form will be removed from the master database and you will need to submit a new application form should you still wish to become a member of R&DMS.

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| **For R&DMS Committee Use Only**  **Please PRINT CLEARLY, preferably all in UPPER CASE, so that your details can be easily read** | | | | | | | | |
| Applicant  Name: .................................  *(Surname (e.g. Jones)* | | | *....................................................*  *Formal First Name (e.g. Robert)* | | | *..................................................*  *Informal 1st Name (e.g. Bob)* | | |
| 1st Meeting: ..../..../........ | | 2nd Meeting: ..../..../........ | | | 3rd Meeting: ..../..../........ | | | 4th Meeting: ..../..../........ |
| Project Attended: ............................................................................ | | | | | | Project Date: ..../..../........ | | |
| Date Application  Approved: ..../..../........ | | | | Date Fees  Paid: ..../..../........ | | Fees Paid: ................................. | | |
| Approving Committee Member: .......................................................... | | | | | | Role: ........................................... | | |
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| **Member Information Updates** | | | | | | | | |
| Date | Information updates relating to this member (e.g. Fees Paid, Address Change etc) | | | | | | Committee Member | |
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