



**INDOOROOPILLY
MEN'S SHED inc**

Indooroopilly Men's Shed Inc.

60 Stamford Road

PO Box 74

Indooroopilly QLD 4068

mail@indroshed.org.au

ABN: 77608175090

Application for Membership

IPreferred First Name.....
(please print your full name)

Of:

.....Postcode.....
(please print your postal address)

Email address:
(Please print clearly)

Phone number/s:

Year of Birth:

| | | | |
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| | | | |
|--|--|--|--|

 ... (for statistical purposes only)

Apply to become a member of **The Indooroopilly Men's Shed Inc. (IndroShed)**.

If my application for membership is approved, I agree that I will be bound by the rules and by-laws of IndroShed for the time being in force which are available on IndroShed's web site (www.indroshed.org.au)
I note the Shed carries public liability insurance of \$40m.

☐ I attach \$75.00 for my membership fee; or

☐ I have deposited \$75.00 into Indooroopilly Men's Shed Bank Account as follows:
BSB: 064 178 Account Number: 1051 8446 Account Name: Indooroopilly Men's Shed

I note my membership fee will be refunded if the Committee does not approve my application.

I agree to my information being available to other members of the Shed (tick as appropriate)

| | Yes | No |
|---------------------|-----|----|
| Mobile Phone Number | | |
| Email address | | |
| Home Phone Number | | |

Emergency Contact: NAME.....PHONE.....
(Name and contact phone number of person to contact in an emergency)

Once completed please bring this form to a meeting or sent to: Assistant Secretary (Membership) PO Box 74, Indooroopilly 4068 OR secretary@indroshed.org.au

SIGNED:
(Signature of applicant) (Date)

OFFICE USE:

Endorsed by management committee / /

Payment
Received
Yes/No