



INDOOROOPIILLY MEN'S SHED inc

Indooroopilly Men's Shed Inc.
60 Stamford Road
PO Box 74
Indooroopilly QLD 4068

mail@indroshed.org.au
www.indroshed.org.au
ABN: 77608175090

Application for Membership

I Preferred First Name
(please print your full name)

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

Email address:
(please set out clearly)

Phone number/s:

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

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 and contact phone number of person you wish us to contact in an emergency)

SIGNED:
(signature of applicant) (date)

PROPOSED BY:
(name and signature of the member supporting your nomination)

SECONDED BY:
(name and signature of the member supporting your nomination)

Once completed please bring this form to a meeting or send it to:
Assistant Secretary (Membership),
PO Box 74, Indooroopilly 4068

Approved by management committee	/	/	Payment Received Yes / No
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