



Twin Rivers Mens Shed Association Inc.

2025 Membership Form

Family Name.....
Given name
Postal Address
Residential Address (if different)
Phone Mobile
Email
DOB
Occupation (Past and Present)

Emergency Contacts: (Complete at least one)

- Name Relationship
Phone/mobile
 - Name Relationship
Phone/Mobile
-

2025 Members Fee: \$60 per year – covers Voluntary Worker Personal Accident Insurance and

Administration \$50.00

I wish to make a donation to the Men's Shed in addition to Membership \$_____

TOTAL \$_____

How to Pay: Cheque, cash, Eftpos or Direct Deposit. Either mailed or at Meeting

Direct Deposit BSB 633 000 a/c 166906560 notate with Family Name

I hereby agree to abide by the Purposes and Objectives of the Twin Rivers Men's Shed Assoc. Inc. and Constitution and understand that my Membership needs to be approved by the Shed Committee.

Signed _____ Dated _____

Please complete the other side of this form

Privacy Statement.

The Twin Rivers Mens Shed Association Inc. collects personal information on this form to facilitate your Membership and safety in the Shed. The information will be kept secure and only provided to members who need to know for membership or safety purposes. If you wish to change any personal information, please contact the Secretary.

Skills and Experience

Please note your skills and experience.....
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.....

Interests and Hobbies

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.....

Limitations /Medical

Please list any health/medical conditions that may limit your capacity to safely operate machinery
.....
.....
.....

Limitations/ Physical

Please list any physical limitations (vision/hearing/ back problems) that may limit your ability to operate machinery or undertake tasks.....
.....
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Shed Contacts

President: Jim Nicol 0429 946 090
Secretary: Greg Hayes 0493 073 427 1754 Princes Hwy. Johnsonville 3902
Email: mensshed@twinrivers.asn.au
ABN 50 731 530 268 Inc No A0106278L