

MEMBERSHIP RENEWAL FOR THE FAREHAM MEN'S SHED (FMS)

PERSONAL INFORMATION

			FERSU	NAL INFUNITATIO	11	
Full Name:*						
Preferred Name	e: C					3:*
Address:*						
Post Code:*		Lar	ndline:		Mobile:	
email:*						
Emergency co	ntact:*				Phone:	
Relationship:	+					
New health co	ncerns:	ı				
General Health It is with regret that on occasions membership renewal may not be approved for renewal. Possible reasons that the member needs a level of support that The Shed cannot provide or that the member is unable to understand or abide by The Shed's health and safety policy or comply with The Shed's rules.						
By paying my subscription to The Shed I acknowledge that I have read and agree to the						
Safe Working Policy It is a requirement of the Trustees of Fareham Men's Shed that there should be a minimum of 2 people present whenever any machinery or power tool is used.						
Personal Declaration I confirm that the personal information supplied is accurate and am willing to abide by the rules and to uphold the values of the Fareham Men's Shed. I give my permission for FMS to make use of photographs containing my image. I understand that the information I have provided will be kept by the Fareham Men's Shed on a secure database and will not be provided to other parties without my permission unless required to do so by law.						
Members who ha	ve not paid led until pa	l their membershij	p fee by the		to be in arrea	nth. urs and will not be entitled to use the th the Membership Secretary will
Payment method	od: OB	ACS Cash	○ Chequ	ie –		
Please make che Pay by BACS: I Sort code: 30-99 Fareham Men's	Lloyds Ba 9-50 A	nk plc, Fareham ccount No: 3030	Acco 04062	ed. ount name:Fareham Men Ref: Membership+[S nd and Wales No. 117812	Surname]	
Date*:						

Please complete, save and pass to a trustee