

Rathkeale Men's Shed Membership Application

Return this completed form with your membership donation to the Secretary, preferably at a meeting. Meetings and activities are usually published online at rathkeale.com/events

Profile with some questions related to	the Constitu	tion and understanding	the demograph	ics of the members	
First Name:		Surname:			
Address:				Eircode:	
Mobile Phone: Email:				Date of Birth:	
Are you over 18 years of age?				Yes []	No []
Do you live in Rathkeale or the surrounding area?				Yes []	
Have you received, read and agree to follow the rules the Shed Constitution?				Yes []	
Do you support the aims of the Shed?				Yes []	
Do you agree to follow the Shed Ground Rules?				Yes []	
Do you agree to share chores, take on a governance role and to share activity expenses?				Yes []	
Do you agree to formally suggest at least one activity per calendar quarter?				Yes []	
Do you agree to use WhatsApp for group communications or to have someone use it on you					
20 year agree to also tributes pp for group communications of to hard some are it of year some and the figure of					
Is there anything we should know in case of an emergency (e.g. medications such as insulin or major allergies such as Aspirin)?					
Agreement					
This Agreement shall supersede any an	d all prior App	olication agreements be	tween the Mem	ber and the Shed.	
Upon completion of my term or upon request I agree to return all property (e.g. keys, passwords, equipment, paperwork, etc), and discontinue use of software and or services provided by the Shed. I understand that membership fees and other are not refundable.					
I approve the storage, use and sharing of my personal information (e.g. name, phone number, email) for the legitimate interests of the Shed and my participation as a member. I understand that I can withdraw this consent at any time by writing to the Secretary.					
I hereby confirm that all information contained herein, and all documents and information submitted online, are true, accurate, and complete to the best of my knowledge. I agree that if I am accepted as a Member, I will inform the Secretary in writing of any changes to this information within 14 days of such changes.					
Exceptions/Notes:					
Signed:		Date:			
Administrative Use Only					
Annual membership fee of € pa			Receipt provid	ed? Yes[] No[]
Welcomed as a Member on this day					
Signed:	, Se	ecretary	Date:		