**Application for Membership of Petersfield Men’s Shed CIO.**

**Registered Charity No. 1194311**

**Please return this application to Membership Secretary.**

**Email:** [membership@petersfieldmensshed.org.uk](mailto:info@petersfieldmensshed.org.uk)

**Post:** Membership Secretary, . If sending by post, please include a self-addressed stamped envelope so we can reply to you.

|  |  |
| --- | --- |
| Date of Application |  |

**Personal Information**

|  |  |
| --- | --- |
| Name |  |
| Known As |  |
| Address |  |
| Tel No |  |
| Mobile No |  |
| E-Mail |  |
| Date of Birth |  |

**Emergency Contacts**

|  |  |
| --- | --- |
| Emergency Contact Name |  |
| Relationship to You |  |
| Contact Phone |  |

|  |  |
| --- | --- |
| Your Name |  |

|  |
| --- |
| Please state any medical details which we should be aware of in case of emergency, personal injury or shed evacuation? |
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| --- |
| Any special needs we should know about? |
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| --- |
| Please let us know of any skills you have and Shed activity interests you would like to pursue? |
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**Subscription**

Petersfield Men’s Shed is a Registered Charity and can claim Gift Aid on all donations made by Members who make a Gift Aid Declaration, this is an important source of funding, and all eligible Members are urged to do so.

**Annual Membership (1st October to 31st September)**

A donation of £50 confers membership of Petersfield Men’s Shed and voting rights at General meetings of the Charity while The Shed is in development. We welcome any additional donations which you might wish to make in support of The Shed; these can also be Gift Aided.

|  |  |
| --- | --- |
| Your Name |  |

**Donation**

Applications between 1st October & 31st March - full payment.

Applications between 1st April & 30th June - half payment

Applications between 1st July & 30th September - pay year in advance.

The membership secretary can facilitate assistance to those with payment issues as part of membership acceptance process.

A refund of 50% will be payable to any member leaving within the first 6 months of a subscription year.

**Methods of Payment:**

1. On-line Transfer to:

|  |  |
| --- | --- |
| Account Name | Petersfield Men’s Shed |
| Bank | HSBC |
| Sort Code | 40-36-16 |
| Account No | 81596373 |
| *Please insert your initials plus surname as a Reference* | |

2. Or, cheque with application form by post to Membership Secretary

**GIFT AID DECLARATION**

I wish to Gift Aid my donation of £50 and any donations I make in the future to Petersfield Men’s Shed CIO.

I am a UK taxpayer and understand that if I pay less Income Tax in the current year than the amount of all my charitable donations, I will advise the Hon. Treasurer accordingly who will make no claim on HMRC.

Please enter YES if applicable in the box below if not enter N/A.

|  |  |
| --- | --- |
| I hereby confirm that I am a UK taxpayer and wish The Shed to claim my Gift Aid |  |

|  |  |
| --- | --- |
| Your Name |  |

**DECLARATIONS AND DISCLAIMERS**

*You must read in full and confirm your acceptance and agreement to each of the following statements by putting* ***YES*** *in the box. By completing this document, you are agreeing to be bound by Petersfield Men’s Shed Terms.*

**SAFETY:** I understand that the activities of the Shed carry hazards and I will be doing them at my own risk. I understand that my safety is my own responsibility and confirm that I will comply with the Shed’s Health and Safety policy (see <https://petersfieldmensshed.org.uk/membership>). I will wear any personal protective equipment deemed necessary for any item of equipment and will comply with all safety instructions. I agree to ensure my full understanding of the instructions for use and safety on every piece of equipment I use, and I will act responsibly to ensure my own safety and that of others. I understand that Petersfield Men’s Shed excludes all liability to the full extent permitted by law and accept that not Petersfield Men’s Shed nor any of its Management Committee shall be liable for any direct or indirect loss, damage or injury arising from or in connection with my participation in the Shed’s activities and I waive all and any claims in this respect.

|  |  |
| --- | --- |
| I hereby confirm that I have read, understood, and agree to the above statement |  |

**HEALTH**: I understand that I must disclose details about my health that might affect me in conducting the activities in Petersfield Men’s Shed. I understand that Petersfield Men’s Shed is not responsible for giving medical assistance or organising carers or medical support beyond seeking help in an emergency or referring me to professional services if they deem me to be at risk.

|  |  |
| --- | --- |
| I hereby confirm that I have read, understood, and agree to the above statement |  |

**PRIVACY**: I consent to the collection, storage, and use of my personal information for the purposes of my membership of Petersfield Men’s Shed and in Petersfield Men’s Shed communicating information to me. Data will be stored in accordance with the Shed data protection policy (see website)

I understand that from time-to-time photographs and videos may be taken within the Shed. I consent to their use by Petersfield Men’s Shed and UK Men’s Sheds Association in publications, newsletters and in the media to highlight the excellent work of Men’s Sheds.

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| --- | --- |
| I hereby confirm that I have read, understood, and agree to the above statement |  |

**NOTE**: All medical information will be treated as confidential and held securely. Your personal information will never be distributed, sold, or shared with third parties not stated above, except if required by law.