



CABOOLTURE AND DISTRICT WOODCRAFTERS INC.

APPLICATION OF MEMBERSHIP - JUNIOR MEMBER:

Year

Junior membership is for 6 months and then renewable in six months blocks.

Surname

First Name

Preferred name DOB

Address Postcode
.....

E-mail [please print]

Phone no.

Next of kin/contact

Phone no.

I agree to be bound by the rules of this association, the Caboolture and District Woodcrafters Inc., as provided in the Club Handbook.

I have BEEN TOLD THE Handbook and the manufacturer's safety measures for club machines are on the club's web page. Yes / No

I have been taken through the Evacuation procedures. Yes / No

Do you have a medical condition that may affect your safe use of machinery and equipment at the Club? Yes / No

Are you taking any medication with labelling that warns that you should not use machinery or equipment? Yes / No *please circle which applies and advise the shed captain.*

I understand that as a member of the Club I am invited and encouraged to support it by -

- 1 Joining the toy making group
- 2 Making goods for Club sales
- 3 Helping at the Club stalls at shopping centres and other events
- 4 Selling raffle tickets
- 5 Working at Bunnings Sausage Sizzles
- 6 Helping at MBRIT events eg. parking or cleaning up rubbish
- 7 Helping to retrieve timber and / or milling it
- 8 Working on the maintenance team
- 9** Joining the management or fund-raising committees

I accept that the information which I have provided in this application may be used by the Caboolture and District Woodcrafters Inc. for the purpose of this club only. I accept that as part of the club operations a list of members' names and phone numbers will be available in the office. I also accept that at meetings of this club a report may be given concerning members who are sick or hospitalised and / or such information may be reported in Club emails. I understand should I not wish to have any information regarding an illness disclosed at the meeting or in the email contact the Secretary.

Signed **Date**

Guardian of Junior Member name

Signature of Guardian of Junior Member

..... Medicare card sighted Y / N

Membership type	Renewal	New Membership
Full membership	\$45	\$60
Junior membership	\$7.50/6months	\$17.50/six months
Associate membership	\$15	\$25
Honorary membership	free	free
Life membership	free	free
Name Badge	\$7	Included in new membership
Total	\$.....	\$.....

- Full membership pro-rata rates. Oct – Dec \$50.00; Jan –Mar \$40.00; Apr – June \$30.00
- Please forward completed form to Secretary and fees to Treasurer.

Nominated by-[Print name] :
.....[Signed]

Seconded by –.....[Print name] :
.....[Signed]

Approved, Signed by the President -