

# Membership Application



Please make cheques payable to **Aylsham Community Shed**.

Please deliver/post this form, with your payment, to:

**Membership Secretary, 7 St Michaels Close, Aylsham, Norwich NR11 6HA**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Email \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

My preferred method of contact is (Please circle)..      Email      Telephone      Mobile

## Medical Circumstances

Do you have any medical or well-being conditions that it would be useful for us to know about?      Yes      No

Emergency Contact \_\_\_\_\_

Relationship to You \_\_\_\_\_

Telephone Number \_\_\_\_\_

## Privacy Statement

Aylsham Community Shed (ACS) collects personal information from its members, in order to:

- Provide members with information on products and services offered by ACS,
- Use name, address, email and telephone numbers to advise members of activities and to undertake the normal running of the Shed,
- Help ACS to fulfil its Health & Safety Policy.

We will not intentionally sell, share or distribute any personal information to third parties, except as required by law.

Any personal items left in the Shed are the responsibility of the owners. Any online social media involving individuals, including photographs or video recordings or general publicity materials will only be used after seeking your permission.

## Disclaimer

I confirm that I fully understand and accept all of the risks associated with attending and participating in all of the activities taking place in the Aylsham Community Shed. This includes the risk of personal injury. I agree to adhere to all health and safety procedures including the use of personal protective equipment. I agree to take all other reasonable steps that are necessary to ensure my own safety and the safety of others at all times. I accept that I will be responsible for any injury that I cause to others. I will undertake to comply fully with any instructions that I will have received from the Aylsham Community Shed.

I confirm to the best of my knowledge, I do not suffer from any medical or other conditions that might increase the likelihood of my involvement in an incident which might affect myself or others. By submitting this form, I agree to the above statements.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_