



10 Eighteenth Street, Warragamba NSW 2752

Email: warradalemensshed4@gmail.com

Membership Application

Please Print Clearly

Full Name: _____ Date of Birth: _____

Residential Address: _____

_____ Post Code: _____

Email Address: _____ Phone No: _____

Next of Kin Full Name: _____

Phone No: _____ Email Address: _____

Trade or Other Qualifications: _____

Health Problems: _____

I hereby apply to become a member of Warradale Men's Shed inc. As a member I agree to be bound by the Rules & Constitution of the association for the time being in force.

Annual Fee \$25.00 _____ (2023/2024)

Half Year \$15.00 _____

Signature of Applicant

Date

Office use Only

Date Application received: _____

Membership Number: _____ Applicant Notified: _____

Membership entered in Register: _____ By: _____