

WESTERN PORT MEN'S SHED

Membership Application Form

Family Name: _____ First Name: _____

Nickname: _____ D.O.B: _____

Address: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Emergency Contact

Family Name: _____ First Name: _____

Home Phone: _____ Mobile Phone: _____

Health

Medications: _____

Disabilities or Special Requirements: _____

Recent Major Illnesses: _____

Recurrent or Chronic Conditions: _____

History

Occupation/Trade: _____

Military Service: _____ Number: _____ Dates: _____

Hobbies/Interests: _____

Working With Children: _____

Signature: _____ Date: _____

Date Approved: _____ Date Paid: _____