Esquimalt Men's Shed

Membership Application

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Interests: _____

_____

Mobility Issues: _____

_____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Comments: _____

_____

_____

I am interested in:

Socialising: ☐ Community Projects: ☐ Other: ☐ _____

Esquimalt Men's Shed

Membership Application

What interests and skills will you bring to our shed?

In what activities would you like to see our shed participate?

Do you have a preference for meeting type, location, and time?

☐ I agree to comply with the Esquimalt Mens Shed by-laws, code of conduct, and shed rules

Member

Name: _____ Signature: _____ Date: _____

For shed use only

Membership approved

Name: _____ Signature: _____ Date: _____