

# CANNOCK CHASE SHED

## Membership Form

Please complete this form to apply for membership of Cannock Chase Shed (CCS).  
Your form cannot be accepted unless it is completed in full, including the disclaimers below.  
Please Complete all sections or Delete ( Y / N ) as appropriate

Personal Information			
Name:		Known as:	
Address:			
		Postcode:	
D.o.B:		Email:	
Tel N°:		Mobile:	
What activities are you interested in?			
	Woodworking ( Y / N )	Metalworking ( Y / N )	
	Electronics ( Y / N )	Restoration Projects ( Y / N )	
Other:			
Emergency Contact			
Contact name:		Contact number:	
Relationship:			
Shed Membership Fee (CCS Membership is only available to age 18+) The Individual Member's subscription is £30 per year. A session fee of £1 is payable per session. Supporter Members are honorary, non-attending, non-voting members and Supporter membership is free.			
Payment method:	Cash ( Y / N )	Bank Transfer ( Y / N )	Cheque ( Y / N )
	Please make cheques payable to: Cannock Chase Shed		
Type of Membership:	Individual Member ( Y / N )	Supporter Member ( Y / N )	
Signature:		Date:	
Print:			
Please tell us how you heard about <u>Cannock Chase Shed</u>			

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## Declarations and Disclaimers

Please read and confirm your agreement to each of the following statements by selecting the appropriate options.

### Safety

I understand that the activities of the Shed carry hazards and I will be doing them at my own risk. I understand that my safety is my own responsibility and confirm that I will comply with the Shed's Health and Safety policy and Code of Conduct. I will wear any personal protective equipment deemed necessary for any particular item of equipment and will comply with any and all safety instructions. I agree to ensure my full understanding of the instructions for use and safety of every piece of equipment I use and I will act responsibly to ensure my own safety and that of others. I understand that Cannock Chase Shed excludes all liability to the full extent permitted by law and accept that not Cannock Chase Shed nor any of its management committee shall be liable for any direct or indirect loss, damage or injury arising from or in connection with my participation in the Shed's activities and I waive all and any claims in this respect.

I hereby confirm that I have read, understood and agree to the above statement. ( Y / N )

### Health

We want you to be Healthy, Safe and Comfortable, while participating in Shed activities.  
Please indicate any conditions we will need to take into consideration while you participate in these activities.

Hearing Impaired ( Y / N )    Mobility Impaired ( Y / N )    Lifting and Carrying ( Y / N )  
Visually Impaired ( Other than wearing spectacles/contact lenses ) ( Y / N )

Other - Please state (e.g., diabetes, epilepsy, allergies)

I understand that Cannock Chase Shed is not responsible for giving medical assistance or organising carers or medical support beyond seeking help in an emergency or referring me to professional services if they deem me to be at risk.

I hereby confirm that I have read, understood and agree to the above statement. ( Y / N )

### Privacy

I hereby consent to the collection and use of my personal images by photography or video recording.  
I acknowledge these may be used by the Cannock Chase Shed and any of its registered partners (see website: [cannockchaseshed.org.uk](http://cannockchaseshed.org.uk)) in newsletters, publications and social media, in order to promote and celebrate the Shed.  
I understand no personal information, such as names, will be used in any publications unless express consent is given.

- I agree that my data, other than my postal address, can be shared with other Members of CCS ( Y / N )
- I confirm that I have read, understood and agree to the above statement. ( Y / N )
- I confirm that I accept, and will conform with, all requirements of the CCS Constitution ( Y / N )

ALL information will be treated as confidential. Your personal information will never be distributed, sold or shared with third parties not stated above, except if required by law.

The only information we will hold electronically will be Name, DOB, Postal Address, Phone N° and email Address.

Please print & return your completed Hard Copy membership form to: **Graham Johnson – (Treasurer)**

Or Download fill in and forward it on to [g.johnson@ntlworld.com](mailto:g.johnson@ntlworld.com)