

Nailsea Shedders

Membership Application Form



Title:..... First Name:..... Surname:..... Likes to be called:.....

Address:Postcode.....

Telephone: Home..... MobileEmail address:.....

Contact No. in case of Emergency: Relationship (if any):.....

Main Interests / Skills / etc (if any)

Member's commitments and requirements: *I have read and agree to Nailsea Shedders Rules which are outlined in its Constitution. I agree that I will exercise my participation in a way that would be most likely to further the purposes of Nailsea Shedders and for contributing at all times to the Health and Wellbeing not only of myself, but to that of my fellow Shedders or Visitors to our Shed.*

I understand that:-

- I am responsible for ensuring I have sufficient knowledge, skills, safety and awareness in carrying out the activities which I participate in, prior to carrying them out.
- I am responsible for risk assessing my participation in the activities I am engage in.
- I understand that if I am in any doubt regarding the above, I should ask for help.
- I agree for my basic details, (membership, name, address, contact telephone numbers, email address, medical information that I need Shedders to be aware of, etc) to be kept in accordance with Nailsea Shedders General Duty Protection Regulation (GDPR) Policy. This Policy is available to me on request. Generally, members of the Committee hold my details on their home computers and or elsewhere as directed by the Committee for the sole purpose and use for Shedders activities

Regarding storage of my details, please indicate (tick/place a cross on either A, B or C:

A. I agree, YES – information can be held in this way

B. I do not agree, No – information cannot be held in this way

C. I do agree with information being held in this way **but with the following conditions (please state):**

I agree to pay monthly subscriptions as agreed, or cash by prior agreement with the Treasurer to: Nailsea Shedders; Barclays bank account number: 63447146; sort code: 20-68-15. Please Use your surname and initial as a reference.

I understand if my subscriptions lapses, so does my Memberships and associated protection and benefits.

Full Name (in CAPS):

Signature: .Date:.....

On completion, please email to nailseasheddersmembership@gmail.com or hand over to any member of the committee