


MEMBERSHIP FORM (Revised 2021)

DATE of Application:

Membership Number

Please fill in this Membership Form in full to become a member of the Aldridge Shed and return with your Membership Fee in person or via the address below. All Members need to acknowledge the Disclaimer and Privacy Statement; complete the Health Declaration and agree to comply with both the Code of Conduct and the Health & Safety Policy.

First Name:	Surname:
I prefer to be known as:	
Address:	
Post Code:	Date of Birth:
Telephone number: (please include area code)	Mobile number:
Email address: (if available)	
Social Media handles: (if available) ie Twitter / Facebook please share if you would like to stay in touch with us in this way.	
What activities are you interested in undertaking in the Shed? e.g. woodwork, furniture restoration, model making, painting, photography, craft etc.	
Qualifications or skills you bring to the Aldridge Shed – Please provide information you're happy to share with us:	
Membership Fee: The Lifetime Membership Fee of the Aldridge Shed is £25 . This is collected on joining There will be a session fee – Please see notice board for details.	
Methods of payment: By cash or card. A receipt will be issued for all Annual Membership Fees	
	<input type="checkbox"/> If I have ticked this box headed 'Gift Aid It', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donation detailed below, given on the date shown and any others I give in the future. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities I donate to, will reclaim on my gifts for that tax year. I understand the charity will reclaim 25p of tax on every £1 that I have given.
Membership: Aldridge Shed, Unit F, Maybrook Industrial Estate, Maybrook Road, Walsall Wood, WS8 7DG Email: aldrigeshed@gmail.com or info@aldrigeshed.org.uk Web address: www.aldrigeshed.co.uk	



is a member of &
supported by:



Disclaimer:

I understand that activities I undertake at the Aldridge Shed may be hazardous and are undertaken at my own risk. I agree to assume responsibility for my own safety. I agree to wear any safety equipment available to me and to comply with the safety instructions agreed by members of the Aldridge Shed or any of its affiliates with regards to the use of the facilities and equipment provided. I agree to act responsibly with a view to the protection of my own and others' safety at all times.

I understand that the Aldridge Shed exclude all liability to the full extent permitted by law and accept that the Aldridge Shed nor any of its trustees or affiliates shall be liable for any direct or indirect loss, damage or injury arising from or in connection with my participation in the Aldridge Shed's activities and I waive all and any claims in this respect.

☐ (Please tick) I have read and understood the Aldridge Shed Disclaimer.

Privacy Statement:

I hereby consent to the collection and use of my personal image by photography or video recording. I acknowledge these may be used by the Aldridge Shed and our partners, UKMSA, West Midlands Fire & Rescue Service and Royal Voluntary Service in newsletters, publications and social media, in order to promote and celebrate the Shed. I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I also understand that this consent can be withdrawn at any time in writing to the Aldridge Shed.

The Aldridge Shed collects personal information to: (i) Allow the provision to members / supporters of information they have requested. (ii) Provide members / supporters with information on products and services offered by the Organisation and its affiliates. (iii) Use their name, address, email address and telephone numbers to advise them of organisation activities and to undertake the normal running of the organisation. We will not intentionally sell, share, or distribute your personal information to third parties, except as required by law.

☐ (Please tick) I have read, understood and agree to consent to the Aldridge Shed Privacy Statement.

Health Declaration:

The Aldridge Shed needs to gather certain information about your health that might affect you or your abilities to safely take part in activities. This information will be held in the strictest of confidence and will only be used to help support you and others in the Shed. The Shed Supervisor cannot be responsible for giving medical support other than calling or referring you to professional services in an emergency.

Do you have any health conditions, allergies or take any medications about which we should be

aware? For example, anything which might cause you to feel dizzy or faint, or which might carry a warning against the use of power tools

Yes ☐

No ☐

If Yes – please provide details.

Covid Vaccination Declaration:

Membership of the Aldridge Shed will be subject to your confirmation of having two Covid Vaccinations (or appropriate Medical confirmation that you are exempt).

☐ (Please tick) I understand that I am responsible for my own health needs and, if at any time, my health situation changes, I must inform the Shed Supervisor before I use any tools.

PLEASE NOTE: Aldridge Shed is open to all members of our community. However, if you require a carer to be on hand to support your needs, it is YOUR responsibility to make these arrangements. The Aldridge Shed will NOT assume one-to-one responsibility for any person in these circumstances. Please ensure the Shed Supervisor is aware in advance of which session(s) you and your carer will be attending.

Who should we contact in case of an emergency? - Please provide full name and contact number.

The details provided by me are correct and I have read and understood the Disclaimer, Privacy Statement and Health Declaration and Covid Vaccination Declaration. These details are subject to change with 30 days' notice. I wish to become a Member of the Aldridge Shed.

Applicants Signature: _____ **Date** _____