



HSH Community Shed Membership Form

Personal Information			
First Name			
Surname			
Postal Address			
Residential Address			
Email			
Mobile Phone			
Date of Birth			
Occupation			
Working With Children Check Number. (WWCC)			
Emergency Contact Details			
First Name			
Surname			
Mobile Phone			
Relationship			
Membership Fee: \$10/year	(Waived)		
I wish to make an Additional Donation of:			

I understand and accept that my membership is subject to the approval of the Board of Directors of The Hills Sanctuary House Limited and if my membership application is approved, I agree to abide by the Constitution of The Hills Sanctuary House Limited as amended from time to time.

Signed _____ Date _____



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Privacy Statement

The Hills Sanctuary House Limited collects personal information on this form to facilitate your membership and safety in the Community Shed. The information will only be provided to the secretary for these purposes and will be kept confidential and secured. If you wish to change or update any information, please contact the secretary.

Personal Data

Skills & Experience

Interests/Hobbies

Medical Limitations

(Have you any health conditions, or are you on any medications, that may **limit** your capacity to **safely** operate machinery or does your condition need to be managed?)

Physical Limitations

(Have you any physical conditions - back, eyesight, hearing etc - that may **limit** your capacity to **safely** operate machinery or take part in HSH Shed activities?)

Note:

Members with an email address will receive all HSH Communications. To opt in or out of receiving any communications please visit: www.hshl.org.au and press on the OptIn/OptOut button located on the Home Page.

HSH Contact Details

Address: The Secretary, Hills Sanctuary House Limited, 669 Old Northern Road, Dural, 2158

Tel: 0418 471 090 **Email:** admin@hshl.org.au **Website:** www.hshl.org.au

ACN: 652200014 **ABN:** 20 652 200 014