BLACKALL RANGE WOODCRAFTERS GUILD INC PO Box 150 MONTVILLE, Qld 4560 APPLICATION FOR MEMBERSHIP

Office	Copy
Unice	CODV

Membership No.

Date:		
Dale	 	

I wish to apply for membership as an ordinary member of the Blackall Range Woodcrafters Guild Inc. I declare that I am over the age of 18 and that I have an interest in the arts and crafts, using timber as the primary material. If my membership is granted by the Guild, I agree to abide by its rules and I agree to observe the requirements for safe working of tools and machinery.

The Guild currently holds Public Liability Insurance of \$40,000,000 which covers the Guild against Claims by third parties. The Guild also holds other insurances, but these do not cover members with preexisting medical conditions. No dogs are allowed in working areas of the Guilds Premises unless they are are a registered working dog and appropriate risk management processes are in place.

Full Name of appli	cant				
Street Address					
Town			F	Postcode:	
Email:					
Phone:	Home:	Μ	obile:		
	Work:				
Date of Birth (Optio	onal)				
Medical Declaration	on: Do you have any h	ealth issues which may adv	versely	Yes	No
affect the safe use	of woodworking equip	ment? (Please tick)			
		act details for my Next of Kin ending the BRWG Inc premise			
Name:		Rela	tionship:	•••••	•••••
Phone: Home:	N	Nobile:	Work:		•••••
How did you hear	about the BRWG? Plea	se circle			
Web site Ex	xpo Friend	Fellow woodworker	Other		•••••

Have you been a member of another wood working club:

Occupation/s (past or present)

Skills:

Other Inform	nation you feel i	s relevant/ What	: would you like	to achieve as a	BRWG Member
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Signature:

Date:

Your application for membership to Blackall Range Woodcrafters Guild is subject to approval by the Management Committee and your membership will be confirmed in writing within 28 days of the receipt of you application form. An application fee of \$25 and Membership Fee of \$40 (\$20 pro rata) is to be paid with your application. If your application is rejected by the Management Committee then your Membership Fee will be refunded.

Name of Proposer		
Signature		
Name of Seconder		
Signature		
Approved by Managen	nent Committee:	Date:

After your application has been approved you will be required to undertake a familarisation course. You will be contacted by our training officer when such course will be conducted.