



# Membership Form

Forename		Surname	
Address			
Postcode		Email address	
Home tel:		Mobile	
Date of Birth			
Relevant experience, skills, qualifications (optional)			

In case of illness or injury whilst participating in RWB Shed activities, please give alternate contact information:			
Name			
Address			
Home tel:		Mobile	
Do you have any medical conditions we should be aware of?			

*I undertake to comply with the RWB Shed Code of Conduct and Health & Safety policies and understand and accept the risks associated with participating in the group's activities. I agree to wear any safety equipment provided; to comply with any safety instructions; and to take all other steps reasonably necessary to ensure my safety and the safety of others at all times.*

*I confirm that the personal information supplied is accurate and I have read and understand the above statement.*

Signature .....

Date .....

Completed forms to the membership secretary or via email to [info@RWB-shed.uk](mailto:info@RWB-shed.uk)

Annual subscription £30. Please indicate method of payment:

CASH

CHEQUE to "The RWB Shed"

BACS transfer

to sort code 30-98-97 a/c 43066860