



# Application for Membership

Date \_\_\_\_\_

## Requirements for Membership:

1 - Respect

2 - \$20 annual membership fee (Provided that it does not create a hardship)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Emergency Contact Info:

**Name:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_

**Mobility Issue: (if any)** \_\_\_\_\_

\_\_\_\_\_

## Permission to Share Info:

Are you willing to share your name and contact information with other members of the Alouette Men's Shed organization? Yes \_\_\_\_\_ No \_\_\_\_\_

**Signed By:** \_\_\_\_\_

*It is the policy of this organization to provide equal opportunities to anyone over the age of 19 who identifies as male, without regards to race, religion, national origin, or ability.*

**What are your Interests and Skills that you can bring to the Group?**

---

---

---

---

---

**What Activities would you like to see the Group participate in???**

---

---

---

---

---

**What would be your preference for types of meetings, meeting locations and time of day for meetings???**

---

---

---

---

---

---

**Office Use Only**

---

- Payment Received by: \_\_\_\_\_
- Membership Approved By: \_\_\_\_\_
- Comments: \_\_\_\_\_
- Membership Chair: \_\_\_\_\_ Date: \_\_\_\_\_