

## MEMBERSHIP FORM

**DATE of Application:**

Please fill in this Membership Form in full to become a member of Gateway Shed and return with your Annual 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**.

<b>First Name:</b>	<b>Surname:</b>	
<b>I prefer to be known as:</b>		
<b>Address:</b>		
<b>Post Code:</b>	<b>Date of Birth:</b>	
<b>Telephone number:</b> (please include area code)	<b>Mobile number:</b>	
<b>Email address:</b> (if available)		
<b>Social Media handles:</b> (if available) ie Twitter / Facebook please share if you would like to stay in touch with us in this way.		
<b>What activities are you interested in undertaking in the Shed?</b> e.g. woodwork, metalwork, furniture restoration, model making, etc.		
<b>Qualifications or skills you bring to the Gateway Shed</b> – Please provide information you’re happy to share with us:		
<b>Would you like to be involved in the Gateway Shed’s development / organising group?</b>		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>Membership Fee:</b>		
The Annual Membership Fee of the Gateway Shed is <b>£10</b> . This is collected on joining and then to be paid on a rolling basis annually.		
The Gateway Shed encourages a <b>minimum donation of £3 per person per session attended</b> , on the basis of “pay what you can” (you can pay more / fee waived in exceptional circumstances).		
One session is a morning, an afternoon, or an evening attended.		
Methods of payment: By cash - in person - payment can be made by visiting The Gateway Shed.		
A receipt will be issued for all Annual Membership Fees		
<i>giftaid it</i>	<input type="checkbox"/> <i>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.</i>	
<b>Membership:</b> Gateway Shed, c/o Foxlowe Arts Centre, Market Place, Leek, Staffordshire ST13 6AD		
Email: <a href="mailto:gatewayshed@gmail.com">gatewayshed@gmail.com</a>		

**Disclaimer:**

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

**(Please tick) I have read and understood the Gateway 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 Gateway Shed, Foxlowe Arts Centre and our partners, UKMSA 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 Gateway Shed.

The Gateway 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 Gateway Shed Privacy Statement.**

**Health Declaration:**

The Gateway 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 below:**

**(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:** The Gateway 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 Gateway 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, address and contact number.

**The details provided by me are correct and I have read and understood the Disclaimer, Privacy Statement and Health Declaration. I wish to become a Member of the Gateway Shed.**

**Applicants Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_