

PEACH CITY MEN'S SHED ASSOCIATION

Registered as a non-profit society under British Columbia Society Act

Application for membership

Name: _____

Address: _____

City/Town: _____

Email: _____

Telephone: _____

Emergency contact: _____

Emergency contact telephone: _____

Medical Conditions we should know about _____

Birth date: _____

Skills and Interests: _____

What activities would you like to be involved in at PSMSA

Please check that you have read and agree to the following

- Current Annual fee: \$120.00
- Constitution and Core Values (attached)
- Code of Conduct (attached)
- Assumption of Risk, Liability and Privacy Waiver (attached)

Please check one:

- I consent to photographs or videos being taken and used for PCMSA promotional or educational purposes.
- I do not consent.

PCMSA benefits by encouraging active member participation.

- I agree that as a member I will endeavor to actively support PCMSA by volunteering at least 24 hrs a year on activities such as:
 - Attending meetings whenever possible
 - Working on projects that benefit the local community (should endeavor to participate in at least one or more projects yearly)
 - Serving on the Board
 - Serving on Committees
 - Mentoring other members
 - Promoting the Association within the local community
 - Any other activity that benefits the Association

Signed _____

Date _____

Witness / PCMSA Representative:

Date: _____