



SOUTH OZ SCROLLERS INC

MEMBERSHIP RENEWAL - 2023/24

(So our records can be updated please complete and return at the next workshop.)

I.....of
(First Name) (Last Name)

.....
.....Post Code.....
(Address)

Telephone..... Mobile

Email Address

Partner's Name (Makes communication more friendly when someone calls and you aren't available to take the call.)

IN AN EMERGENCY PLEASE CONTACT

We are required to seek from you the name and contact details of a person you would like us to contact in the event of an emergency..

Name
Telephone.....
Mobile

MEDICAL INFORMATION

Do you have a medical condition or take medication that might affect your capacity to operate woodworking machinery safely? Yes/no
(If "yes" you should discuss this with the President)

FIRST AID QUALIFICATIONS.

Do you hold or have you previously held a first aid certificate Yes/No
Would you agree to be trained/retrained to receive one? Yes/No

APPLICANT STATEMENT

I agree to circulating my personal details to members of the Club

..... / /2023
(Signature)

For office Use Only:
Membership Fee Paid of \$40.00
Paid On/...../23

DIRECT CREDIT DETAILS:
BEYOND BANK
BSB - 325-185
A/c Number: 03244313
Reference: (Please enter your Surname)

If posting forward to:
Mr J McTier
26 Lomond Ave
SEACOMBE HEIGHTS SA 5047