

1. TYPE OF APPLICATION    New     Change of information

2. PERSONAL DETAILS

I hereby apply for Associate Membership of the JMS. I have read, understood, acknowledge and agree to this application and the attached Rules & Medical declarations. I have signed the same.

Family Name: ..... Given Name: .....

Preferred Given Name (for name badge): .....

ADDRESS: .....

.....POSTCODE: .....

PHONE: .....MOBILE: .....

EMAIL: ..... DATE OF BIRTH: .../.../.....

VEHICLE REGISTRATION .....

3. EMERGENCY CONTACT

NAME: ..... RELATIONSHIP:.....

ADDRESS: ..... POSTCODE: .....

PHONE: WORK: .....HOME: .....MOBILE: .....

4. MEDICAL DETAILS

Do you have, or have you had, any medical condition or disability (eg. Physical, intellectual, psychiatric or behavioural) that may affect your efficiency as a Member, your safety and/or the safety of others.

YES

NO

Please complete the attached Medical Review Form.

5. APPLICANT DECLARATION I have read, understood, acknowledge and agree to this application and the declaration including the conditions of Associate Membership overleaf. I have signed that declaration and this application. I warrant that all information provided is true and correct.

SIGNATURE: ..... DATE: .....

6. LEGAL GUARDIAN CONSENT (IN RESPECT TO AN APPLICANT WHERE INFORMED CONSENT CANNOT BE PROVIDED).

I have read, understood, acknowledge and agree to this application and the declaration and conditions of membership overleaf and I personally consent to the declaration and application for membership of the applicant.

SIGNATURE: .....

NAME: ..... DATE: .....

7. OFFICE USE ONLY

Date Application and Payment received ...../...../..... Amount paid: \$.....

**Associate Members:**                      Full Year: \$130 | 9 Months: \$97.50 | 6 Months: \$65 | 3 Months: \$32.50

**NOTE: Pro-rata rates refer to months remaining in the financial year.**

Receipt No: .....

Paid to Date: 30 / 06 / 2025

Allocated Member No. ....

Signature of JMS Officer: .....

Committee Approval Date:     /     /

Database Record:

Contacts list:

ID Card:

Vax Status Checked:

**PREVIOUS WORK EXPERIENCE / OCCUPATIONS**

Member No. \_\_\_\_\_

In order to assist the JMS, please provide details of your previous work experience and/or occupations:

Trades / Professions:

.....

Training Courses completed (e.g. First Aid, Chef, etc.):

.....  
.....  
.....  
.....

Other information about skills you have and believe may be of assistance to the JMS:

.....  
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**Military Service**

Please provide details of any military service (Australian and/or Other)

What branch of the military were you attached to? (please circle) Army - Airforce - Navy - Other

Was this in the Australian Defence Force or that of another nationality? .....

Did you serve in the Regular Army? .....

Did you serve in the CMF? .....

What rank did you reach? .....

What was your term of service? .....

Did you serve overseas? (Vietnam, Afghanistan, etc.) .....

Other service information that may be relevant .....

.....

.....

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**Please tell us where you heard about the JMS**

.....

**JOONDALUP MEN'S SHED (INC)**  
**JMS ASSOCIATE MEMBERSHIP DECLARATION**

I ..... of  
.....[insert address)

hereby apply for Associate Membership of the JMS. In so applying and in consideration of my application for Associate Membership being accepted I **acknowledge and agree** that:

1. **"JMS"** for the purposes of this Associate Membership Application and Declaration means the Joondalup Men's Shed Incorporated, its members and where the context so permits, its officers, servants and/or agents.
2. **If accepted, I will become an Associate Member** of the JMS for the period to which the attached Application relates.
3. **This document cannot be amended.** Any amendment will render it null and void and it cannot be accepted by the JMS.
4. **Insurance** is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised JMS activity. (For insurance details contact the JMS.) I can, in my own interests, seek and obtain personal insurance over and above the cover provided by the JMS.
5. **The JMS Rules of Association** is a contract between me and the JMS. I will be bound by it and any By-Laws made under it. It is necessary and reasonable for promoting the JMS. For the avoidance of doubt, I acknowledge and agree to comply with the Rules of Association and By-Laws of the JMS if my application is accepted.
6. **Warning:** Some activities conducted by the JMS can be inherently dangerous. Serious accidents can happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in those activities.
7. **Exclusion of Liability:** Except where provided or required by law and such cannot be excluded, I agree that it is a term of my associate membership (if accepted) that the JMS is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my associate membership and/or participation in any JMS activity. I acknowledge that the services and benefits I receive under my associate membership are "recreational services" as defined under the *Trade Practices Act 1974*. Where I am a consumer, as defined by any relevant law, certain terms and rights may be implied in a contract for the supply of goods or services for my benefit. I acknowledge that these terms and rights, and any liability of the JMS flowing from them, are expressly excluded, restricted or modified by these associate membership terms and conditions.
8. **Release and Indemnity:** In consideration of the JMS accepting my application for associate membership I:  
(a) release and forever discharge the JMS from all Claims that I may have or may have had but for this release arising from or in connection with my associate membership and/or participation in any JMS activity; and  
(b) indemnify and hold harmless the JMS to the extent permitted by law in respect of any Claim by any person including but not only another Member of the JMS arising as a result of or in connection with my associate membership and/or participation in any JMS activity. In this **clause 8 "Claims"** means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant JMS insurance policy or under the JMS Rules of Association or any By-Laws.

**CONDITIONS**

1. **Fitness to Participate:** I declare that I am and must continue to be medically and physically fit and able to participate in any JMS activity within my range of abilities. I am not and must not be a danger to myself or to the health and safety of others or disruptive to the enjoyment of and participation in JMS activities by other members. I will immediately notify the JMS in writing of any change to my fitness and ability to participate. I understand and accept that the JMS will continue to rely upon this declaration as evidence of my fitness and ability to participate. I acknowledge that I am required to submit with this application a Medical Review Form, further, I acknowledge that the JMS may in its reasonable discretion require me to provide a Medical Review Form completed by a medical practitioner even if I have declared that I do not have or have not had a medical condition or disability.
2. **Supervision and/or Care:** I understand that the JMS does not provide and is not responsible for individual supervision of and/or care for its members beyond its duty of care responsibilities required by the law. I acknowledge and agree that if I require personal supervision and/or care to enable me to participate in JMS activities then I will be responsible for arranging such supervision and/or care by a suitably qualified and experienced carer under whose supervision and care I will remain at all times whilst at the JMS. I further acknowledge and declare that in these circumstances my personal carer will at all times be responsible for my safety and behaviour to the extent that my safety and behaviour are my responsibility and that my carer fully understands and accepts that responsibility.
3. **Medical Treatment:** I consent to receive any medical treatment that the JMS considers necessary or desirable during a JMS activity. I also agree to reimburse the JMS for any costs or expenses incurred in providing me with that medical treatment.
4. **Privacy:** I understand that the information I have provided overleaf is necessary for the objects of the JMS. I acknowledge and agree that the information will remain confidential to the JMS Committee of Management and will only be used for the objects of the JMS and to provide me with associate membership services. I understand that I will be able to access my information through the Secretary of the JMS. If the information is not provided my associate membership application may be rejected.
5. **Alcohol and Drugs:** I acknowledge that the JMS is an illicit drug, alcohol and tobacco-free environment.
6. **Rules and Procedures:** I have read the attached Summary of JMS Rules and Procedures and acknowledge that I will comply with those Rules and Procedures.

**I have provided the information required and signed this form.**

I warrant that all information provided is true and correct.

**I have read, understood, acknowledge and agree** to the above declaration including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application for Associate Membership is successful I will be entitled to all benefits, advantages, privileges and services of JMS Associate Membership, except that I am not entitled to vote at AGMs or stand for committee positions.

Signed: .....Date: .....

Name: .....

Where the applicant is unable to provide informed consent this form must also be signed by the applicant's legal guardian.

I, ..... am the legal guardian of the applicant named: ..... I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this membership application and declaration including the provision by me of a release and indemnity in the terms set out above.

Legal Guardian signature: ..... Date: .....

(where applicant is unable to legally sign)

# Health and Medical

Member No. \_\_\_\_\_

*(Optional – But Highly Recommended)*

*If you have an accident and an Ambulance or Medical Practitioner is required, providing this information may save your life.*

**Name:** .....  
(Given Name) (Family Name)

**Address:** .....

**D.O.B.**...../...../.....

**Emergency Contact Phone No's.**

**Relationship to you.**

1. ....
2. ....
3. ....

**Dr. and/or Specialist.**

**Name.** ..... **Name.** .....

**Phone No.** ..... **Phone No.** .....

**Medical conditions**

1. ....
2. ....
3. ....

**Blood Group** (if known) .....

**Allergies:**

.....  
.....  
.....

**Any Other information that may be of assistance in an emergency:**

.....  
.....  
.....

**Signed.** ..... **Date.** ..... / ..... / .....

**Note:** The JMS may, in its reasonable discretion, require you to provide a Medical Review Form completed by a medical practitioner even if you have declared that you do not have or have not had any medical condition or disability.

# SUMMARY OF JOONDALUP MEN'S SHED RULES & PROCEDURES

Following is a brief summary of things you **must** know and understand to gain maximum benefit from the JMS.

JMS Standard Operating Procedures (SOPs) provide a comprehensive reference to all matters surrounding the operation of the JMS and are readily available at the shed for perusal.

We hope you enjoy the JMS and we welcome your input and ideas.

## Administrative Matters

- 1) The JMS is an incorporated society bound by the Acts Incorporations Act and Regulations (1987)
- 2) The JMS has an Executive Committee consisting of a President, Vice President, Treasurer, Secretary, Shed Manager and several non-executive committee members.
- 3) All decisions and representations related to the running of the JMS **MUST** be approved by the JMS Committee.
- 4) No person should seek or accept gifts or donations or make statements (oral or written) on behalf of the JMS unless that person is a member of the Executive Committee or has received prior approval from the JMS executive.
- 5) Protocols and procedures exist for all administrative matters and must be adhered to in the interest of professionalism. (Please check the SOPs if in doubt.)

## Conduct of Shedders

- 6) All Shedders are expected to abide by reasonable standards of conduct and must not bring discredit to the shed. You are expected to: **not** smoke, **not** drink alcohol, **not** take illicit drugs, **not** act inappropriately around visitors and **not** bully others or show disrespect.

## Emergency Procedures

- 7) Contingency plans are outlined in the SOPs for such things as fire, bomb threats, chemical spills, gas leaks and dangerous intruders. Evacuation routes are posted on notice boards. You are expected to familiarise yourself with emergency procedures and comply with the directions of the Shed Supervisor.

## Housekeeping

- 8) Shedders are expected to assist in maintaining the shed in a safe, clean and tidy condition, to wash cups and other utensils, empty rubbish and keep appliances such as fridges, microwaves etc. clean. **Please do not expect cleaners or others to run around after you!**

## Personal Projects

- 9) Shedders are encouraged to work on personal projects but permission must be obtained from the Shed Supervisor or committee to ensure such projects do not disrupt others or the shed's operation.
- 10) Shedders are expected to supply their own materials for personal projects. Where JMS materials are used, these must be replenished or paid for.

## Safety and Security

- 11) The Shed Supervisor's word is law in all matters relating to safety and security. Grievance procedures exist under the JMS Constitution. If you don't agree with a decision you may discuss concerns with a JMS Committee member.
- 12) Appropriate clothing and footwear must be worn in the shed; this includes close-toed shoes (preferably steel caps if you have them) and no loose clothing that may get caught in machinery.
- 13) Appropriate safety equipment must be worn for the particular task being undertaken. Stop and assess what you need before commencing work. (Eye protection, ear muffs, welding helmet, gloves, facemask, aprons etc.).
- 14) Before using dangerous equipment you must have passed the JMS accreditation process.
- 15) To enter workshop areas, every shedder must be a financial member and have undergone the JMS Basic Induction Process as a minimum requirement.
- 16) Name badges **MUST** be worn at all times when in the shed.
- 17) On entering the shed, shedders and visitors must sign the register at reception and sign out when leaving. This is essential for your security and safety.
- 18) On finishing work, clean and put away tools, turn off machinery, remove rubbish and debris and sweep up. Do not leave materials or unfinished projects to clutter up the work area.

**Remember to take time to browse through the full list of protocols and procedures. This document is entitled; Standard Operating Procedures for the Joondalup Men's Shed (Inc.)**