



**Livingston Community Shed (Charity SC052144)
Membership Application Form**

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| FULL Name | |
| Address Line 1 | |
| Address Line 2 | |
| City/Town | |
| Postcode | |
| E-Mail Address | |
| Phone/Mobile Number | |
| Date of Birth: | |

| | | |
|--|--------------|-----------------------|
| Person to contact in emergency: | | |
| Name: | Relationship | Contact phone number: |

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| Please list any allergies you may have. |
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| Please list any skills/interests which may be useful to the shed. |
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May we include a summary of this and a photo in the member's section of the website **Yes / No**

Constitution acceptance

I agree I have read, understood and will abide by the constitution of the Livingston Community Shed, a copy of which is held in the shed and on the Livingston Community Shed Website.
By applying, I also agree to abide by the Scottish Men's Sheds Association (SMSA) Constitution and Purposes to which we are affiliated with group membership.

Signed _____ Date _____

Witnessed _____ Date _____

Please apply directly to join the SMSA as an individual member if you wish to do so.