



4/75 Redland Bay Rd, Capalaba ~ (07) 3161 1485
 info@hobbymedo.com.au ~ www.hobbymedo.com.au

OFFICE USE ONLY
DATE:
AMOUNT PAID:.....
PMT TYPE:.....
INITIALS:.....

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:	Mobile:	Phone:
Email:		

Name:

Date of birth:	Mobile:	Phone:
Email:		

Address:

City:	State:	Post Code:
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MEDICAL INFORMATION

Please list any medical, health or physical conditions for all persons under this membership that: could endanger the safety to yourself or others; may affect your ability to use our facilities in any way; or would be prudent for us to know in the case of an emergency:

EMERGENCY CONTACT

Name:

Address:	Phone:
City:	Post Code:

State: _____
 Relationship: _____

CHILDREN AGED 6 TO 18 YEARS

As a member you are eligible to admit a minor at member rates. Minors do not require membership. Minors are only permitted entry under the direct supervision of a member. Minors aged 6 to 15 inclusive are restricted to the craft sections only. Restrictions apply to the use of power tools by minors. In any case minors must be directly supervised by a member at all times.

Name:	Date of birth:	Relevant medical information:

DECLARATION AND SIGNATURE

I declare that:

all information given in this membership application is complete and correct

I have read and agree to the Terms and Conditions of Hobbymedo (T&Cs: www.hobbymedo.com.au or in-store)

Signature of applicant:	Date:
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RECEIPT FOR ANNUAL MEMBERSHIP FEES

Date paid: / /2017	Amount paid: \$
Being 12 months membership fees for:	
	Signed: