

**NORTH GRENVILLE MEN'S SHED - MEMBERSHIP**  
**FORM – 2026**

**Personal Information:**

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Concerns:** (Please list any condition(s) we should be aware of in case of emergency situations – Examples: Allergies, medical devices, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(if more space is needed, use back of sheet and check this space \_\_\_\_\_)

\*By signing below, I agree to join North Grenville Men's Shed and become a full member, with voting privileges. I understand the fee is \$60.00 quarterly. I confirm that the above information is true and correct. (Payment of funds is not mandatory to be a member, as all men are welcome to join the shed regardless of financial status.)

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Signature

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Date