

**Information needed for each member of the Warragul Woodworkers Club Inc.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ (newsletter will be sent to this address)

Phone contact: Land Line \_\_\_\_\_ Mobile \_\_\_\_\_

Membership type : regular, family, other

Emergency Contact details:

In case of an emergency who should be the first contact?

First Contact

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Second Contact (in case it is not possible to reach the first contact)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Do you have a current "Working With Children Check"? Yes No

If yes. when does it expire? \_\_\_\_\_

This next section is not compulsory. Any information will be only accessed by members of the committee in case of emergency.

Do you carry any medication with you when you are attending the Club rooms? Yes or No

If so what is it and what is it for? \_\_\_\_\_

Do you have any health problems that the Club might need to be aware of?

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Please return this completed form to Secretary Bob Amott. You can hand it in at the Club rooms or email to [sec.wwc@dcsi.net.au](mailto:sec.wwc@dcsi.net.au)

Thank you