



## Black Isle Men's Shed Membership Application form

Please complete this form and return it to Black Isle Men's Shed, Avoch Community Centre, Old Mill Rd, Avoch IV9 8PS

Forename \*

Middle Name

Surname \*

Date of Birth \*

Gender

Status

Occupation

Email Address \*

*I.e. - your current occupation or occupation prior to retirement.*

Address 1

Address 2

Town

Postcode

Home Phone

Mobile Phone

ICE Contact

ICE Number

*This is the name of the person to be contacted 'In Case of Emergency'*

*This is the phone number of the person to be contacted 'In Case of Emergency'*

Comments