



# **The Forms of the Weston Creek Men's Shed Incorporated**

**(To be used in conjunction with the The Rules & The  
Management Guidelines)**

(Weston Creek Men's Shed is Incorporated under the ACT Associations Incorporation Act  
1991, Number A05526)

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# Weston Creek Men's Shed Incorporated

The Form V4-2 May 2024.docx

ACT A05526  
ABN 50 499 680 621  
37 Bangalay Crescent, Rivett ACT 2611



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## APPOINTMENT OF PROXY

I, .....  
(Full Name)

.....  
(Address)

Being a Member of The Association Inc,

Appoint: ☐ The Chairperson of the General Meeting;  
Or ☐ The Person named below:  
(Tick (✓) as required)

.....  
(Full Name of Proxy)

.....  
(Address)

who is a Member of The Association Inc, as my Proxy, to vote for me, on my behalf, at the General Meeting of The Association Inc (or Annual General Meeting, as the case may be) to be held on: (Date): .....  
and at any adjournment of that Meeting.

My proxy is authorised to vote on **ALL** Resolution(s) as follows:

☐ In Favour of; or ☐ Against; or ☐ to Abstain.  
(Tick (✓) as required)

or, on specific Resolutions as listed on Page 2.

.....Date .....  
(Signature of Member Appointing Proxy)

**Note:** A Proxy vote may not be given to a person who is **not** a Member of The Association Inc.

**Appointment of Proxy (Page 2)**

My Proxy is authorised to vote on the specific Resolution(s) as listed below:

**Resolution: .....**

**Description:**

☐ **In Favour of;** or ☐ **Against;** or ☐ **to Abstain.**  
(Tick (✓) as required)

**Resolution: .....**

**Description:**

☐ **In Favour of;** or ☐ **Against;** or ☐ **to Abstain.**  
(Tick (✓) as required)

**Resolution: .....**

**Description:**

☐ **In Favour of;** or ☐ **Against;** or ☐ **to Abstain.**  
(Tick (✓) as required)

**Resolution: .....**

**Description:**

☐ **In Favour of;** or ☐ **Against;** or ☐ **to Abstain.**  
(Tick (✓) as required)

**Resolution: .....**

**Description:**

☐ **In Favour of;** or ☐ **Against;** or ☐ **to Abstain.**  
(Tick (✓) as required)

## **DEBIT / CREDIT CARDS**

### **RULES GOVERNING THE ISSUE AND USE OF BEYOND BANK VISA DEBIT/CREDIT CARDS**

#### **General**

The purpose of the Visa Debit/Credit Card is to simplify the processes for purchasing consumable items and services. It is not intended that the cards be used for the purchase of capital items - this is covered by existing operating arrangements i.e., invoicing or reimbursement following prior approval for purchases over \$200.

These rules and operating procedures will be reviewed periodically and updated as appropriate.

#### **Rules**

- 1 Debit/Credit Cards are linked to the WCMS main operating account (Beyond Bank 03803237).
- 2 The issue of a Debit/Credit Card must be approved by the WCMS Executive Committee.
- 3 The Bank application form for the issue of a Debit/Credit Card must be signed by a member of the executive (President, Vice President, Secretary or Treasurer).
- 4 A cardholder must be a member of the WCMS.
- 5 Cards remain valid whilst the cardholder is a member of WCMS or until cancelled.
- 6 A cardholder must relinquish the card when no longer in a position for which the card was provided. That card must be returned to the Treasurer or Secretary who in turn must notify Beyond Bank to cancel the card.
- 7 A cardholder must take full responsibility for the use of the card and must comply with the rules governing the use of the card. If the card is used accidentally for private use, then the card holder must contact the Treasurer via email explaining in detail as to what happened and take steps to reimburse the WCMS ASAP.
- 8 A cardholder must not lend the card to other members of the WCMS or any other person.
- 9 The Debit/Credit Card limit is \$200 per transaction and \$500 per day. Transactions over \$200 must be approved by the committee and an EXPENSE APPROVAL FORM completed and submitted and signed off by the Treasurer.
10. A cardholder may elect to use either 'tap and go' or a pin.
11. Receipts/Invoices for all purchases must be returned to the Treasurer within one week with all completed approval forms. If no receipt is issued or is lost, then an email should be sent to the Treasurer regarding the details of the purchase; this email is to be used in place of the receipt. It should be encouraged that where possible the receipt is sent to their phone/email or take a photo, and this can be sent to the Treasurer scanned and stored for audit purposes.

**I the undersigned, agree to the Rules Governing the Issue and use of WCMS  
Beyond Bank Visa Debit/Credit Card**

**Name**

**Signature**

**Date**

**Card Number Last Four Digits**

**This document shall be scanned and retained on file for audit purposes.**



## Weston Creek Men's Shed Incorporated

ACT A05526  
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### APPLICATION FOR MEMBERSHIP

The information is private and in confidence provided for reasons of insurance and Occupational Health and Safety within the Weston Creek Men's Shed (WCMS) and at Committee endorsed events. This information will **not** be distributed or used outside WCMS.

#### Applicant's Details

<b>Family Name:</b>	
<b>Given Name:</b>	<b>Preferred Name:</b>
<b>Date of Birth: Day/Month/Year (optional):</b>	

#### Applicant's Contact Details

<b>Address:</b>		
	<b>State:</b>	<b>Postcode:</b>
<b>Phone:</b>	<b>Mobile:</b>	
<b>Email Address:</b>		

#### Alternate/Emergency Contact Person

<b>Name:</b>	<b>Relationship:</b>
<b>Phone:</b>	<b>Mobile:</b>
<b>Suburb:</b>	<b>State:</b>

### Men's Shed Health & Safety are paramount

#### Occupational Health and Safety

The next four questions are optional. However you are required to submit this information in the confidential ICE envelope on your health and medical status. This information is only made available to health professionals if you are involved in an emergency.

Do you have health or medical conditions that we need to know about?	YES	NO
<b>Details:</b>		
Are you on any medication that may affect your capacity to operate tools or machinery?	YES	NO
<b>Details:</b>		
Do you require assistance with any activity?	YES	NO
<b>Details:</b>		



Do you live alone?	YES	NO
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### Skills and Interests (Optional)

<b>Occupation current or pre-retirement:</b>
<b>Skills:</b>
<b>Interests:</b>
<b>Other information you feel is relevant:</b>

### Annual Membership fee \$50.00 (six months \$25:00)

A fee of \$5:00 is payable once a week when you attend the shed to cover incidental expenses.

Should I be accepted as a Member of Weston Creek Men's Shed Inc. I agree to be bound by the Rules of WCMS.

_____	_____
(Applicant signature)	(Date)
_____	_____
(Sponsoring member signature)	(Date)

### Administration Use Only

Treasurer's signature:	Receipt number:
Secretary's signature:	Date added to membership list:

**The following Induction Form is to be completed and signed by a Shed Representative and the Member/Applicant**

		<b>Tick</b>
<b><i>Emergency Procedures</i></b>	Indicate EXITS and explain evacuation procedures	
	Indicate evacuation assembly point	
	Indicate location of emergency contact notice	
	Indicate location of <b>First Aid Kits &amp; Defibrillator</b>	
	Indicate location of <b>Fire Extinguishers</b>	
<b><i>Amenities</i></b>	Indicate Toilets and Kitchen	
	Explain Tea / Coffee facilities and use	
	Indicate location of clean up equipment	
<b><i>Safety</i></b>	Indicate location of PPE Appropriate PPE must be worn when required	
	Suitable closed footwear must be worn at all times in Workshops	
	Assessment by Workshop Manager or delegate required before machinery can be used on premises	
	Safety or any other concerns should be referred to Duty Officer	
	Carers are responsible for clients at all times	
	Security cameras/alarms are installed for security and safety purposes at the shed.	
<b><i>General Information</i></b>	Workshop opening hours 9:00am – 12:30pm Mon,Tue, Thur and Fri	
	Community opening hours 9:00am - 1:00pm Mon, Tues, Thur and Fri Social events held on Thursday 12:00 - 3:00	
	Annual Membership Fee \$40 (financial year)	

<b><i>General Information (continued)</i></b>	A fee of \$5:00 is payable once a week when you attend the shed to cover incidental expenses.	
	Members need to be financial to use machinery and tools and to work in workshops	
	Rules and procedures are available online, hardcopy available on request	
	Newsletters and shed information available on website	
	No Smoking in facilities - smokers requested to use area outside the fence adjacent to Oval	
<b><i>Projects</i></b>	The Shed takes on community projects as required	
	Personal projects can be undertaken on shed premises using own or approved materials	
	Large projects must be approved by Workshop Manager	
	All projects must be registered with Workshop Manager	
	Projects and tools put away and area cleaned after each workshop session	

	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b><i>Applicant / Member</i></b>			
<b><i>Shed Representative</i></b>			



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## APPLICATION FOR MEMBERSHIP RENEWAL

The information is private and in confidence provided for reasons of insurance and Occupational Health and Safety within the Weston Creek Men's Shed (WCMS) and at Committee endorsed events.

This information will **not** be distributed or used outside WCMS.

### Applicant's Details

<b>Family Name:</b>	
<b>Given Name:</b>	<b>Preferred Name:</b>
<b>Date of Birth: Day/Month/Year (optional):</b>	

### Applicant's Contact Details

<b>Address:</b>		
	<b>State:</b>	<b>Postcode:</b>
<b>Phone:</b>	<b>Mobile:</b>	
<b>Email Address:</b>		

### Alternate/Emergency Contact Person

<b>Name:</b>	<b>Relationship:</b>
<b>Phone:</b>	<b>Mobile:</b>
<b>Suburb:</b>	<b>State:</b>

### Annual Membership fee \$50.00 (six months \$25:00) Amount Paid \$

A fee of \$5:00 is payable once a week when you attend the shed to cover incidental expenses.

☐ I agree to be bound by the Rules of WCMS.

<b>Signature</b>	<b>Date</b>
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### Administration Use Only

Treasurer's signature:	Receipt number:
Secretary's signature:	Date added to membership list:



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## EXPENSE APPROVAL FORM

Member Name:		Expense Period
Member Signature:		01/07/2023 to 30/06/2024
Member Email:		Ref:

<b>Business Purpose (Expenses) Category:</b>			
1. 1. Wshop Supplies      2. Office Supplies      3. Catering – For Shed (not Bunnings) 4. 4. Wshop Equipment      5. Office Equipment      6. Catering Equipment 7. 7. Wshop Repairs      8. Office Equip Repairs      9. Catering - Other 10. Wshop Improv      11. Shed Repairs      12. ACTEWAGL Elec 13. Wshop - Other      14. Shed/Soc/Gnd Improv      15. Cleaning, Gardening Supplies/Equip Costs 16. Bunnings BBQ      17. Insurance      18. Transfer of Funds to Other Account 19. Bank Fees, Tyro      20. Other (honorarium etc)			
Date	Description	Category	Cost
		1	\$
		Total Cost	\$
Bank Account Payment Details		BSB:	
		Account No.:	
Approver (1) Name:		Date:	
Signature:			
Approver (2) Name:		Date:	
Signature:			



[Change of Public Officer details](#)

**FORM A5**

[Change of Rules or Objects](#)

**FORM A8**

[Change of Committee details](#)

**FORM A9**

[Annual Return](#)

**FORM AR**

These forms are used by the Public Officer to notify AccessCanberra of relevant changes to our rules, our committee and public officer, and to make our annual report.

These forms are all found online at : <https://www.accesscanberra.act.gov.au>



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## NOMINATION FORM FOR ALL COMMITTEE POSITIONS

### **NAME**

(Member being Nominated)

### **OFFICE:**

(For which Member is being nominated)

### **ACCEPTANCE**

#### **of NOMINATION:**

(Signature of Nominee)

Date: \_\_\_\_\_

### **NOMINATED BY:**

(Please print name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **SECONDED BY:**

(Please print name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **The Committee Consists of the following Members:**

President, Vice-President, Secretary, Treasurer and Four (4) Member positions

All nominations should be received by the Secretary 7 days prior to the AGM





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## RECONCILIATION STATEMENT

Day:.....Date:.....

DESCRIPTION	CASH (\$)	EFTPOS (\$)
Membership Attendance: _____x \$ 5.00		
Membership New: _____x \$ New: _____x \$ 40.00		
Membership Renewals: _____x \$ Renewals: _____x \$ 40.00		
Uniforms		
Donations:		
Sale of Goods:		
Sale of Equipment:		
Other Cash Receipts:		
Expenses:		
TOTAL MONEYS RECEIVED:		
TOTAL MONEYS SPENT:		
TOTAL MONEYS BANKED ON:		
Signature:		
Name: Position:		



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## SOCIAL ATTENDANCE RECORD

**Note:** Please indicate with a ✓ how a weekly payment of \$5 is made.

Thursday: .....

	Name	Signature	Cash	EFTPOS	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					



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## TRANSFER OF OWNERSHIP

I, \_\_\_\_\_, assign full ownership of,  
(Print name)

\_\_\_\_\_ to,  
Description of goods, qty, make, model, serial number

the Weston Creek Men's Shed Incorporated.

The above nominated goods were purchased or acquired by me on behalf of the Weston Creek Men's Shed Inc., or they are donated to the Weston Creek Men's Shed by me or on behalf of others.

I relinquish any claim to ownership of the above-mentioned goods and transfer title and warranty to the Weston Creek Men's Shed inc. I further agree that the Weston Creek Men's Shed may deal with them as they see fit.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



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## WORKSHOP ATTENDANCE RECORD

Day:

Date:

Weekly Fee Mark with a tick

	Name	Time in	Cash	EFT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



# Weston Creek Men's Shed Incorporated

The Financial Year 2024 ends

ACT A05526  
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# Weston Creek Men's Shed Incorporated

The Financial Year 2024 ends

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