



## NORTHERN DISTRICTS LAPIDARY CLUB INC.

### MEMBERSHIP RENEWAL

Due date: 1<sup>ST</sup> JULY 2016

Last Name		First Name		Title		If over 80 tick here	
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Membership Costs	Standard	Payment	
ADULT	22.00		
JUNIOR	11.00		
LIFE MEMBER	NIL		Remittance \$

- Payment by: CASH :**  > Place form and money in an envelope. (do not send cash by mail)
- CHEQUE :**  > With a cheque payable to: Northern Districts Lapidary Club Inc.
- CREDIT CARD:**  > Turn to Page 2 to complete credit card details.

#### Recognition of SAFE WORKING PRACTICES

In order to conform to statutory requirements for safe working practices, and in view of the nature of our activity, there is a potential for injury using the equipment that is provided, or on field trips.

The following procedures will apply:

1. For all classes and events: **Enclosed footwear should be worn**  
Other safety equipment as indicated according to class or event to be worn
2. **CABBING ROOM: Eye and ear protection should be worn at all times.**  
Longhair must be secured and no loose clothing or jewellery.
3. **SILVERWORK ROOM: Check all hoses and equipment on gas bottles.**  
Follow standing orders when using fluxes, pickle and acid.  
Secure long hair, jewellery and clothing.  
Flame resistant clothing and aprons to be worn
4. **SILVER CASTING & ENAMELLING: Full facemask, heavy gloves, flame resistant aprons and clothing to be worn.**
5. Report any faulty equipment and turn off power.
6. Comply with any safety instruction issued by supervisor/teacher/ leader.
7. In case of fire, follow procedures laid out by the Hall Committee and proceed to assembly point in front of clubhouse.
8. No person to be working at club on their own.

**While skills learned at this Club may ultimately be used in the commercial world, it should be remembered that the Club equipment/facilities are NOT to be used for commercial purposes.**

\*\* I agree to abide by the safe working practices and procedures of the Northern Districts Lapidary Club Inc.

*(All adult members and parents/guardians of juniors members to sign this form.)*

<b>Signed</b>	**	<b>Date</b>	
<b>Signed</b>	**	<b>Date</b>	

**To update your record of address or email changes please complete Section 2 -> on Page 2:**

**Return this form after signing, (with payment) to: PO Box 59 BEECROFT 2119**

**Complete the following details if you wish to pay by Mastercard or Visa:**

VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	Expiry date: ___ / ___
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Card holders Name: _____		
Card holders Signature: _____ Date: _____		

**Section 2:**

**Have you moved ..... changed your phone number ..... or email address?**

Please Update any Changes To Your Record Information Here:			
Street Address			
City		State	Postcode
<b>Phone</b>	Home	Mobile	Work
Postal Address			
Occupation		E-mail Address	
Other			

<b>OTHER FAMILY MEMBERS</b> (if applicable)		