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NORTHERN DISTRICTS LAPIDARY CLUB INC. RENEWAL MEMBERSHIP

Due date: 1st July 2020

Title

Name Last Name			Name First Name		Title	
Membership Costs		Standard		Payment	Cash, Cheque or EFT	
ADULT		22.00				
JUNIOR		11.00				
LIFE MEMBER		NIL				Total \$
Returi All Ins member and in k	n this form afte tructors and Comm	r signii ittee mei elp whene n, many ha	ng, (wi mbers vo ver possil ands make	Dlunteer their time fo ble: eg Developing or ass light work, thanks	PO Box 59 r the benefit of the to sisting in running course	BEECROFT 2119 he club and the es, looking after equipment or safe working practices, and in
view of t		there is a p		nijury using the equipmen		.
	For all classes and eve	im appiy.				

2. CABBING ROOM: Eye and ear protection should be worn at all times.

First

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.

PLEASE TICK - Class/es you usually, sometimes or used to attend. Monday night -**CABOCHON CUTTING** Monday night -SILVER Jewellery SILVER Jewellery **SENIORS Day** Tuesday -Wednesday -Wednesday night - SILVER Jewellery Thursday night - CABOCHON CUTTING Saturday - FAMILY/ CASUAL class Any Weekend workshops

I give permission that my photo may be used in club media (Lapis / web page) YES / NO (circle)

** I agree to abide by the safe working practices and procedures of the Northern Districts Lapidary Club Inc. (All adult members and parents/quardians of junior members to sign this form.)

Signed	**	Date	
Signed	**	Date	

The details required to pay by EFT Bank Transfer:

North	ern Districts Lapidar	y Club Bank a	ccount for funds trans	sfer BSB 032-	087 Accoun	t number 14-9479	
Refer	ence for Annual Fee	payment: AFE	ΞE				
refere	nfirm the payment pence used. Fill in and SIGN the Re		email to: secretary@uship Form.	ndlapidary.org.	<u>au</u> with details	s of date name and	
For N	erm fees for classes ew Members joining s give email advice	fees etc use th	ne reference: NEWI		sily confirmed	d and receipted by the	
	ction 2: e you moved	change	d your phone n	umber	or emai	l address?	
	Please U	pdate any	Changes To Yo	our Record	Informat	ion Here:	
Street Ac	ldress						
City				State		Postcode	
Phone	Home		Mobile	Work			
Postal Ac	ldress				l		
Occupation E-mail Address							
Other							
OTHER F	AMILY MEMBERS (if a	pplicable)					