## **Membership Application**

## **Grey Bruce Makers Inc.**

Grey Bruce Makers through its Sydenham campus facility offers tools, training, and consultation services that enable community members to experiment with and master wide variety of maker skills. We are dedicated to sharing knowledge, building relationships, and fostering entrepreneurship. Grey Bruce Makers is our open collaborative shop, and idea laboratory where makers, and students convene to learn and create.

Applicant information											
Membership type:			<ul> <li>Digital Lab</li> <li>Soft Materials Shop (woodworking)</li> <li>Full Membership</li> <li>Entrepreneur</li> <li>Professional</li> </ul>								
Name:		·					Date:				
Date of birt	h:				Hor	me phone:			Cell phone:		
Address:											
City:						Province:		Pos	stal code:		
e-mail addr	ess:										
Emergency Contact:											
Name:											
Address:							Phone	:			
City:						Province:			Postal code:	:	
Relationship	o:						•				

Specialized Knowledge: Please let us know any specialized knowledge you have.	

Areas of interest. Please identify and circle proficiency: [B] Beginner [M] Medium [A] Advanced					
Woodworking:	Other:				
Turning	Computer graphic design				
CNC Routing:	Photography				
Electronics:	Vinyl cutting				
Microcontrollers:	Silk screening				
Digital electronics	Laser:				
Programming for digital electronics	Cutting				
Computers & Programming:	Engraving				
🗖 Programming, i.e., python, C, Linux	Metal Fabrication:				
Robotic, automation	Sheet metal				
Computer Aided Design:	🗖 Mig welding				
3D Modeling	🗖 Tig Welding				
Solids - Surfacing	Machining				
🗖 2D Drafting.	Fabrication				
$\Box$ 2D and 3D scanning.	Volunteering: (volunteer Coordinator will				
Media:	contact you).				
Digital graphics	🗖 Board level				
🗆 Video	🗖 Equipment Specialist				
Audio production and editing:	Marketing				
Prototyping:	Shop supervisor				
3D Printing	Fund raising				
🗖 Vacuum Forming	Bookkeeping				

Signatures				
I verify the information provided on this form is true and correct. I understand that intentionally making a false statement or providing false information is grounds for termination of membership				
Signature of Guardian:		Date:		
Signature of Applicant:		Date:		

## Complete Pages 1 and 2 and deliver your application to Grey Bruce Makers at the Sydenham Campus, 1130 8<sup>th</sup> Street East or email it to membership@greybrucemakers.ca

For office use only:					
Membership level		Payment Period:	<ul> <li>3 months</li> <li>Year</li> <li>Auto renew</li> </ul>		
Start date:					

## Member should initial and date each section below

Member has reviewed and agreed to follow the following policies and procedures:				
Code of Conduct:		Operating		
		Procedures		
Health and		Waiver and Hold		
Safety		Harmless		

For office use only:				
Board Reviewed:		Date Reviewed:		
Concerns and Commo	ents:			
Special Recommenda	ations:			
Membership Approve	ed:	🗆 Yes	□ No	