

South East Makerspace Membership Application Form

Please fill out in block capital letters

Full Name: _____

Address: _____

Email: _____

Phone No: _____

Sponsor: _____

Incase of Emergency (ICE) Contact Information

Contact Name: _____

Phone No: _____

I hereby attest that I am over 18 years old and that all information provided is true and correct, that I have read the South East Makerspace constitution and agree to be bound by it.

Signature: _____

Date: _____