



# Adirondack Woodturners Association



## Membership Form

Name: \_\_\_\_\_ | \_\_\_\_\_  
*First (Name you like to be called) Last*

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please tell us what you think your woodturning experience is: (1 = Beginner, 5 = Expert) 1 2 3 4 5

Turning Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we publish your information in our Club Directory? Yes No

Would you be willing to serve on any of the following Committee's? *(Circle as many as you wish below)*

***Programs / Special Events / Newsletter / Membership / Web Site / Library / Refreshments /  
Fund Raising / Totally Turning Symposium / Executive Board Officer***

Do you have any skills that might benefit our organization? \_\_\_\_\_  
\_\_\_\_\_

The above information is requested for AWA files only and will only be used for official AWA communications such as meeting notices and/or the distribution of the AWA Newsletter. We DO NOT sell or disclose membership information to anyone !!

Office Use Only : R N A B 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0