

Alabama Woodturners Association Membership Application



Date _____

First Name _____ Last Name _____

If a Family membership, name of additional family member _____

Birthdate(s) _____

Address _____

City _____ State ____ Zip _____

Home Phone _____ Work _____ Cell _____

Emergency contact _____

E-Mail Address _____

Turning Experience-
No prior experience ____ Beginner ____ Intermediate ____ Advanced ____

How many years of woodturning experience do you have? _____

Are you a current member of the American Association of Woodturners? Yes ___ No ___

Do you have a specialty that you would like to share with the membership of our club

Please describe your turning interests _____

Do you have an interest in participating in training classes offered by the Alabama Woodturners either as a student or teacher? Yes ____ No ____

Membership Type: Individual \$40 ____ Family \$45 ____ Checks should be made payable to: Alabama Woodturners Association. Bring this form and dues to an AWA meeting or mail to: Treasurer; 135 Cedar Rock Road; Leeds, AL 35094.