Alabama Woodturners Association Membership Application



Date		
First Name	Last Nam	ne
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 Intermedia	ate Advanced
How many years of wood	lturning experience do yo	u have?
Are you a current membe	er of the American Associ	ation of Woodturners? Yes No
Do you have a specialty t	hat you would like to sha	re with the membership of our club
Please describe your tur	ning interests	
	n participating in training student or teacher? Yes ₋	classes offered by the Alabama No
payable to: Alabama Woo	odturners Association. B	Checks should be made ring this form and dues to an AWA nd Mary Rd, Hoover, AL 35216.