

# ALASKA WOODTURNERS ASSOCIATION

## MEMBERSHIP APPLICATION

I hereby apply for membership or renew my membership in the Alaska Woodturners Association

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Annual fee is \$25/individual, \$30/family on anniversary date

Make check payable to the Alaska Woodturners Association (AWA)

Mail this application along with payment to:

Alaska Woodturners Association

PO Box 91473

Anchorage, AK 99509-1473

In what kind of turning are you interested?

How long have you been turning?

What do you consider your skill level to be? Novice Intermediate Advanced