

Golden Triangle Woodturners



Membership Application 2018

Name: Address: City: Zip Code: Phone Home: Cell: E-Mail: Your Occupation: Full Time () Part Time () Retired () Are you a member of AAW? Yes () No () How long have you been turning? What kind of lathe do you have? What is you skill level? Beginner () Intermediate () Advanced () What would you like to see at our club meetings? Can you suggest a demonstrator? Can we contact you to help with special events? Yes () No () Check the box if you do NOT want to be listed in the online roster () Would you be willing to be a Mentor? Yes () No () Signature: Date: Make checks payable to: Golden Triangle Woodturners If Mailing, Mait o: Golden Triangle Woodturners ### Make Checks Dayable to: Triangle Woodturners ### Make Checks Dayable to: Date: Date: Amount Method Date Entered		Annual M	New () Renewa embership: \$30.00 Per Calendar	I () Check One Year (Jan - Dec). (Students \$15)	
Phone Home: Cell: E-Mail: Your Occupation: Full Time () Part Time () Retired () Are you a member of AAW? Yes () No () How long have you been turning? What kind of lathe do you have? What is you skill level? Beginner () Intermediate () Advanced () What would you like to see at our club meetings? Can you suggest a demonstrator? Can we contact you to help with special events? Yes () No () Check the box if you do NOT want to be listed in the online roster () Would you be willing to be a Mentor? Yes () No () Signature: Date: Make checks payable to: Golden Triangle Woodturners If Mailing, Mail to: Golden Triangle Woodturners %David Hoenig 1624 Churchill Dr Denton TX 76209				_Spouse:	
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