

SEQUOIA WOODTURNERS

(A local chapter of the American Association of Woodturners)

MEMBERSHIP APPLICATION & RENEWAL FORM

I HEREBY APPLY FOR MEMBERSHIP OR RENEWAL OF MEMBERSHIP IN THE SEQUOIA WOODTURNERS. I UNDERSTAND THAT THE \$40.00 ANNUAL MEMBERSHIP FEE WILL BE USED TO SUPPORT THE COSTS OF CLUB MEETINGS, CLUB SPONSORED ACTIVITIES, AND COMMUNICATIONS (WEBSITE, ETC.).

PLEASE PRINT

NAME: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

(All correspondences will be sent to this email address)

I am a member of the American Association of Woodturners YES ___ NO ___

I would be willing to become involved with the club operations YES ___ NO ___

I would be willing to conduct a demonstration at a club meeting YES ___ NO ___

Please list any interesting hobbies or skills you may have: _____

SIGNATURE: _____ DATE: _____

ALL MEMBERSHIPS ARE FOR THE CALENDAR YEAR AND RENEWABLE JANUARY 1ST. PLEASE MAKE ALL CHECKS PAYABLE TO: 'SEQUOIA WOODTURNERS' AND RETURN WITH THIS FORM TO THE MEMBERSHIP COORDINATOR AT A MEETING OR MAIL TO:

Sequoia WoodTurners

P.O. Box 3952

Clovis, Ca. 93613