



Dues \$48.00 per calendar year
 New members prorated @ \$4.00 per month
 Youth membership \$18.00

MEMBERSHIP

2025

New **Returning** (Member Since _____) YEAR

PLEASE PRINT

Date: _____

| | | | |
|----------------------------|-------|------|------------|
| Primary Member Name: _____ | | | Home Phone |
| First | MI | Last | |
| Address: _____ | | | Work Phone |
| Street | | | |
| City | State | Zip | Cell Phone |

Email: _____ Birth Month and Day: _____

Family Membership? [] No [] Yes (If yes, list family members below.)

| Name | Relationship | Birth Month & Day | Email | Phone Number |
|------|--------------|-------------------|-------|--------------|
| | | | | |
| | | | | |
| | | | | |

How did you hear of HCW? _____

How long have you been woodturning? _____ Are you an AAW Member? _____

Do you have any woodturning tools, machines, or equipment? _____ If yes, please describe.

Do you have a woodturning specialty or preference? _____ If yes, please explain.

I would like to learn about woodturning regarding: (Circle all that apply)

- Tool Care
- Pens
- Finish
- Tool Making
- Bowls
- Design
- Sharpening
- Spindles
- Toys
- Other (Specify) _____

Would you be interested in learning from a Mentor? _____ If yes, explain.
 Topics or Interests: _____

Are you interested in hosting a monthly Open Shop? _____

Would you be interested in applying to be a Club Mentor? _____ If yes, please see Secretary for Mentor Application form.

PLEASE RETURN THIS COMPLETED FORM AND DUES TO THE HCW TREASURER.

OFFICE USE ONLY

Date Received _____ Date Dues Paid _____ Dues Amt. Paid _____