



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

MEMBERSHIP

2024

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 _____