



Northeastern Woodworkers Association
Membership Application Form

| | |
|--|--|
| Check the applicable box: <input type="checkbox"/> First Time Member <input type="checkbox"/> Renewal <input type="checkbox"/> Change | |
| Dues: <input type="checkbox"/> \$25.00 Individual Membership <input type="checkbox"/> \$30.00 Family Membership (at a single address) | <input type="checkbox"/> Student <input type="checkbox"/> Professional Woodworker <input type="checkbox"/> Retired |
| Full Name: _____ Nickname: _____ | |
| Street Address: _____ | |
| City, State, Zipcode: _____ | |
| Home Phone: _____ Work Phone: _____ | |
| E-mail: _____ | |
| <u>Areas of Interest:</u> <input type="checkbox"/> Furniture Making <input type="checkbox"/> Turning <input type="checkbox"/> Carving <input type="checkbox"/> Antiques/Restoration <input type="checkbox"/> Toy Making <input type="checkbox"/> Finishing <input type="checkbox"/> Decorative Woodworking <input type="checkbox"/> Musical Instruments <input type="checkbox"/> Wood Technology <input type="checkbox"/> Scroll Sawing <input type="checkbox"/> Boat Building...Other _____ | |
| <u>For Family Memberships only:</u> | |
| Family Member #1: _____ Family Member #2: _____ | |
| <input type="checkbox"/> Contact me to help with the next Woodworker's Showcase or other NWA activities. | |
| Voluntary donation to Fiske Educational Fund in addition to dues: <input type="checkbox"/> \$2.00 <input type="checkbox"/> \$5.00 <input type="checkbox"/> Other: _____ | |
| Bring this completed form to the next regular meeting or send it to: NWA, P.O. Box 246, Rexford, NY 12148 (with check or money order for dues, payable to NWA). | |
| For NWA Use: _____ | appez6.doc 8-06 |
| Total Received | Date |
| Initials | Record |



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