

CUMBERLAND WOODTUNERS ASSOCIATION

Membership Application

Guest Information

PLEASE PRINT CLEARLY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_ AAW Membership No. \_\_\_\_\_

What type of turning do you do? \_\_\_\_\_

What are you interested in learning about turning? \_\_\_\_\_

Would you be interested in doing a Demo at a club meeting? \_\_\_\_\_

If so, what type? \_\_\_\_\_

Dues are \$30.00 for individual and \$45.00 for family membership.

Enclose check and mail to: 1432 War Eagle Dr, Crossville, Tn., 38572

FOR OFFICIAL USE ONLY

Membership payment received:

\_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ To \_\_\_\_\_