



Mid South Woodturner's Guild Chapter of the AAW
Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (cell) _____ Occupation: _____

E-Mail, for newsletter/information purposes only: _____

Woodturning Interests (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Segmented Bowls | <input type="checkbox"/> Bowl Turning |
| <input type="checkbox"/> Custom-made tools | <input type="checkbox"/> Pen Turning |
| <input type="checkbox"/> Tool Sharpening | <input type="checkbox"/> Spindle Turning |
| <input type="checkbox"/> Chucking methods | |

Other: _____

What would you like to see demonstrated:

Experience level, please check one: Beginner Intermediate Advanced

Do you have access to a workshop? Yes No Do you have a lathe? Yes No If yes, make and model; _____

Are you a member of the AAW? Yes No If yes, Membership # _____

Have you ever been a member of this club? Yes No another Wood club? Yes No If yes, name: _____

The names of others, who might be interested in Mid South Woodturner's Guild information:

 Email: _____

 Email: _____

 Email: _____

Membership fees for the Mid South Woodturner's Guild are due in January, of each year. Membership rates to choose from:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> General \$25 | <input type="checkbox"/> Family \$35 | <input type="checkbox"/> Youth \$15 |
| <input type="checkbox"/> Supporter \$100 | <input type="checkbox"/> Benefactor \$250 | <input type="checkbox"/> Patron \$500 |

Make check out to: Mid South Woodturner's Guild or (MSWG)



Mid South Woodturner's Guild

Chapter of the AAW



Receipt

Member Name: _____ Date _____

Paid with Cash: _____ Check Number: _____

Official Signature: _____