



Arizona Woodturners Association

Membership Form



Please fill out all information fields and check appropriate boxes.

DATE: _____

Renewals, valid for the remainder of the calendar year

Individual	Family*	Student**
<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$15.00

New Members, valid for the remainder of the calendar year

Membership	Before June 30	July 1 – July 31	Aug 1 – Aug 31	After August 31
Individual	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$25.00
Family	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$35.00
Student	<input type="checkbox"/> \$20.00			

*Family memberships include immediate family members residing at the same street address

**Student memberships are valid for individual members under the age of 21 with a valid student ID

Additional or Lost Badge \$7.00

NAME: _____

STREET: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL: _____

PHONE: _____

EMAIL: _____

ALTERNATE ADDRESS STREET: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL: _____

PHONE: _____

Make checks payable to: Arizona Woodturners Association. Mail completed form to:

Arizona Woodturners Association, P.O. Box 992, Gilbert, AZ 85233-0992

Credit Card: VISA, MasterCard, Am Express

Card Number: _____

Expiration Date: _____ CVV: _____ Amount: \$ _____

Credit Card Billing Address (if different): _____

The Arizona Woodturner's Association (AWA), is a 501(c)(3) tax exempt, educational corporation. In order to maintain this tax exempt status we are required, by federal law, to compile certain personal information about our members. Please fill out all the information fields and check the appropriate boxes. Thank you for your cooperation in this matter.

Sex: male female Age: _____ Race: _____

Years you have been turning? _____ Years you have been a member? _____

May we share your information with other members? YES, NO

of demonstrations/meetings you attend on an annual basis: _____

Will you volunteer to help with the Woodturning Symposium, YES, NO

Will you volunteer to help at monthly meetings? YES, NO

Please list any special abilities you have that you believe will help the AWA:

Revised 1/2012

Do Not Write Below this line

DATE: _____ PAYMENT TYPE: _____ AMOUNT: _____

RESPONSIBLE OFFICER: _____