

Arizona Woodturners Association www.Azwoodturners.org Donation or Membership Form



Please fill out all information fields and check appropriate boxes.

Mail or bring to AWA Meeting

DATE:					
First Name:	Last Name:	· · · · · · · · · · · · · · · · · · ·			
AZ Address:	· · · · · · · · · · · · · · · · · · ·				
CITY:	ZIP:		Snowbird: Yes No		
Snowbird Address:					
CITY:	STATE/PROV: ZIP/POSTAL:				
Phone:	EMAIL:				
Extra DONATION \$ AMOUNT:	For: KL0	C A	WA WIT	_SHORTY	
New to AWA? Yes No					
One year Membership (one year from payment date) New or Renew Single Membership - \$5 New or Renew Family Membership* - \$ New or Renew Student Membership** -		th A is	Thank you for your support of the Arizona Woodturner's Association (AWA). The AWA is a 501(c)(3) tax exempt, educational corporation.		
**Student memberships are valid Please complete: Additional names for family mem		J	of 21 with a valid s	tudent ID	
Gender □ male □ female Years you have been a member of AWA				of AWA	
AGE: □ Under 50 □ 50 – 70 □ Over 70 Years you have been turning?					
# of meetings you attend in a year	of meetings you attend in a year? Will you volunteer to help at meetings? Yes or No				
May we share your information we Share woodturning info with mer			•	ry)	
Please list any special abilities you	u have that you believe will he				
Mail completed form to: Ariz	ona Woodturners Associat	ion, P.O	. Box 12094, Tem	 ipe, AZ 85284	
Make checks payable to: Arizo	ona Woodturners Associati	on			
Office use: Date:	Payment type:		_ Amount:	Officer:	