

Membership Application

Atlantic Woodworkers’ Association

#### NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/ PROVINCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ Please mail my newsletter as I have no e-mail access

Membership fee: $30 for one year (full-time students $15 Family $40)

Please make cheques payable to the “Atlantic Woodworkers’ Association" and mail to:

Phil Carter

Treasurer, Atlantic Woodworkers’ Association

5 Walton Drive,

Halifax, NS  B3N 1N6

| Atlantic Woodworkers AssociationNEW Member Survey (Optional) |
| --- |
| Applicant Information |
| Name: |
| Woodworking Interests |
| What are your woodworking interests? |
| Suggestions |
| Do you have any skills you would be willing to share with our group? It can be a demonstration, a talk or a presentation. |
| Links |
| Do you have a website or other sites that you frequent that our members may be interested in. We can add these to our Links section of our website. |

Thank you for your input.

