



*Atlantic Woodworkers'
Association*

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 ASSOCIATION NEW 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.



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