

Atlantic Woodworkers' Association

Membership Application Atlantic Woodworkers' Association

| NAME: | PHONE #: | |
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| MAILING ADDRESS: | | |
| | | |
| CITY/ PROVINCE: | POSTAL CODE: | |
| E-MAIL ADDRESS: | | |
| Please mail my newsletter | r as I have no e-mail access | |
| Membership fee: \$30 for one year (fu Make cheques payable to the "Atlant | ull-time students \$15 Family \$40) ic Woodworkers' Association" and ma | ail to: |

Stephen Parsons Treasurer, Atlantic Woodworkers' Association 7256 Highway 207, West Chezzetcook, NS B0J 2L0

OR

E-transfer appropriate fee to treasurer@atlanticwoodworkers.ca

Please fill In this registration form and submit to our membership chair, Calum Ewing <u>calumewing@eastlink.ca</u>

ATLANTIC WOODWORKERS ASSOCIATION NEW MEMBER SURVEY (OPTIONAL)

APPLICANT INFORMATION

Name:

WOODWORKING INTERESTS

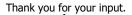
What are your woodworking interests?

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.





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