

HANDS ON WOODTURNERS, INC.

2024 Membership Application

New Member Application

Membership Renewal

Member Information Change

Date: _____

Name: _____

Spouses Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: Home: _____

Cell: _____

E-Mail: _____

Are you a member of the American Association of Woodturners (AAW)? Yes: _____ No: _____

Membership Type

Amount

Regular Membership: Open to any person 18 years of age or older who is interested or practices woodturning.
January - December \$40.00 each
July - December \$20.00 each

Family Membership: Any person 18 years or older who resides in the same household as the Regular Member.
January - December \$20.00 each
July - December \$10.00 each

Family Members Name: 1) _____
2) _____

Associate Membership: Open to any person less than 18 years of age, with an interest in woodturning, and sponsored by a Regular Member. No membership fee.

Sponsoring Member's Name: _____

TOTAL AMOUNT PAID: _____

Forward your form and check to:
Peter Jarmosevich
15602 SW 13th Circle
Ocala, FL 34473

CHECK # _____
Payable To: HOW

CASH _____

Processed by: _____

Date Processed: _____