HANDS ON WOODTURNERS, INC.

2020-2021 Membership Application

	New Member Applicatio	n					
	Membership Renewal						
	Member Information Change				Date:		
Name:				Spouse	s Name:		
					Zip Code:		
					_		
	Home:						
E-Mail:							
	a member of the America				Yes:	No:	
	Membership Type					<u>Amount</u>	
	Regular Membership:		sted or prac cember		rning. h		
	Family Membership: Any person 18 years or older who resides in the same household as the Regular Member. January - December \$10.00 each July - December \$5.00 each						
	Family Members Name:	-		\$5.00 each	_		
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 Na	nme:					
	Forward your form and check to: Peter Jarmosevich 15602 SW 13th Circle Ocala, FL 34473		ТОТ	TAL AMOUN'	T PAID: CASH CHECK #		
P	rocessed by:				Date Paid:		

Revised: 09/18/2020

(* Membership dues and fees are not tax deductible.)