



# Arizona Woodturners Association Membership Form 2018



Please fill out all information fields and check appropriate boxes.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

<b>Renewals</b>	
valid for the remainder of the calendar year	
Membership	
Individual	<input type="checkbox"/> \$35.00
Family*	<input type="checkbox"/> \$45.00
Student**	<input type="checkbox"/> \$15.00

<b>New Members</b>				
valid for the remainder of the calendar year				
Membership	Before June 30	July 1 – July 31	Aug 1 – Aug 31	After August 31
Individual	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$25.00
Family	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$35.00
Student	<input type="checkbox"/> \$20.00			

\* Family memberships include immediate family members residing at the same street address.

\*\* Student memberships are valid for individual members under the age of 21 with a valid student ID.

Additional or Lost Badge  \$7.00

**Mail completed form to:** Arizona Woodturners Association, PO Box 12094, Tempe, AZ 85284

**Make checks payable to:** Arizona Woodturners Association

**Credit Card:** If you want to use a credit card, please pay your dues online at

<http://azwoodturners.org/pages/OnlineRegistration.shtml>

Do Not Write Below This Line

DATE: \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

RESPONSIBLE OFFICER: \_\_\_\_\_

Don't forget to complete the back side of this form too!

**ALTERNATE ADDRESS (if any):**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL: \_\_\_\_\_

PHONE: \_\_\_\_\_

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The Arizona Woodturner's Association (AWA), is a 501(c)(3) tax exempt, educational corporation. **In order to maintain this tax exempt status we are required, by federal law, to compile certain personal information about our members.** Please fill out all the information fields and check the appropriate boxes. **Thank you for your cooperation in this matter.**

Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Age	
Race (Caucasian, Asian, Black, Hispanic, Indian, etc.)	
Years you have been turning?	
Years you have been an AWA member?	
Number of AWA demos and meetings you attend annually?	
May we share your information with other AWA members?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you volunteer to help with the Woodturning Symposium?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you volunteer to help at monthly meetings?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please list any special abilities you have that you believe will help the AWA:

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