

GCWA MEMBERSHIP FORM

Name _____ Spouse _____

Address _____ City _____ ZIP _____

Home telephone # _____ Preferred telephone # _____

Email Address _____

Occupation (or, if retired, previous occupation) _____

Interests/Hobbies (Besides woodturning)

Woodturning Skill Level

____ Beginning turner _____ Some turning experience _____ Experienced turner
____ I would like help from a mentor _____ I would like to take a class in woodturning

Types of lathes/lathe _____

Meetings/Retreat

I would be glad to help with: (check all that apply)

____ Lending lathe, other equipment for meetings, Retreat

____ Help set up and take down equipment for meetings, Retreat

____ Do a demonstration for club meetings, Retreat

____ If yes, in what areas? _____

____ Be a session leader for Retreat

____ Set up camera/electronic equipment for guest demonstrators

____ Participate in public shows/demos (Woodworking Show, Arboretum Day, etc.)

AAW Member

____ Yes _____ No

GCWA Dues (\$25 per year)

Paid _____

Date

Please make checks payable to: **GCWA**

Mail your membership form and check to:

Jim Keller

105 S. 2nd Street

Richmond, TX 77406

www.gulfcoastwoodturners.org