



Motto: Trees- While I grow let me live
• When I die more pleasure I give.

Objective: To Promote the Art of Woodturning

Membership Application Form

Mr/Mrs/Miss/Ms _____ First Name _____

Preferred Name on Badge _____ Group _____

Address _____ Post Code _____

Suburb _____ Date of Birth _____

Home Phone _____ Mobile _____

Postal Address _____ Post Code _____

Email Address _____

Occupation _____

The WAWA magazine is produced bi-monthly and you will receive it by email. or on the association Website at _____
<http://woodturnerswa.org.au> _____

Associate Member Details (Optional)

Your Spouse or Partner can be an associate member, no additional membership fee is required. Please add \$5.00 if an Associate's badge is required.

Mr/Mrs/Miss/Ms _____ First Name _____

Preferred Name on Badge _____ Date of Birth _____

In completing this application for membership, I agree to abide by the terms of the Association's Constitution and any rules and bylaws.

Signature of Applicant _____/-----] 20 -----

Fee's are determined at the Annual General Meeting in September each year. There should be a slip attached to this form showing the current fee's. If not, please contact the Membership Registrar. Your initial fee makes you a financial member until the next Annual General Meeting.

Cheques should be made payable to W.A.W.A

Return to:

David Finch
Membership Registrar
Woodturners Association of WA (Inc)
PO Box 1641
Fremantle, WA, 6959

Enquiries:

ph: 0409 449 298
email:
registrar@Woodturnerswa.org.au

Office Use Only
Membership No:
Receipt No:
Date Received
This application form came from: