



## Woodturners Association of Western Australia

### STEP Registration Form

First Name  Last Name  Membership No.  Grade

Group  Email

Phone No.

Skills you like to focus on

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Hollow Form      | <input type="checkbox"/> Bowls          | <input type="checkbox"/> Spindles            | <input type="checkbox"/> Pens           |
| <input type="checkbox"/> Platters         | <input type="checkbox"/> Natural Edge   | <input type="checkbox"/> Boxes               | <input type="checkbox"/> Inside-Outside |
| <input type="checkbox"/> Finishing        | <input type="checkbox"/> Sharpening     | <input type="checkbox"/> Spheres             | <input type="checkbox"/> Green Turning  |
| <input type="checkbox"/> Multi Axis       | <input type="checkbox"/> Using a Slew   | <input type="checkbox"/> Bowl Gouge          | <input type="checkbox"/> Spindle Gouge  |
| <input type="checkbox"/> Neg Rake Scraper | <input type="checkbox"/> Deep Hollowing | <input type="checkbox"/> Thin Walled Vessels |   |

Other

Session Times

- Weekdays  Weekends  AM  PM  Any

Would you like to be considered as a trainer Yes /No

Please pass completed forms to you Convenor or Secretary

Convenor / Secretary please scan/photo and email to [secretary@woodturnerswa.org.au](mailto:secretary@woodturnerswa.org.au)