



Membership Application

Name_____

Address_____

City_____State_____zip_____

Home phone_____

Cell Phone_____

E-Mail_____

___Member American Association of Woodturners

Special interests or comments_____

___Available as Speaker/ Demonstrator

Meetings held the 2nd Tuesday of each month at 7:00pm at :

55 Leonard St.

Raynham, MA 02767

Dues \$30.00 per year Paid ___check___cash Date_____