

Tri-State Woodturners Membership Form

PLEASE print or write legibly and complete each area - Thank you!

Name: _____

Address: _____

Email: _____

Phone 1: _____ Phone 2:(cell) _____

Member's website (if you have one): _____

May the above info be placed in the club directory on line? (check one) Yes No

Would you consider yourself a: Novice Confident Advanced woodturner

Year you started turning: _____ Would you be a mentor? _____

Type of lathe(s) you own and use: _____

Year you first joined TSW: _____ Are you currently an AAW member?: Yes No

**MAIL THIS FORM WITH YOUR CHECK (to: Tri-state Wood Turners) with \$40 TO:
TSW C/O, Dr. John Dekle, 6310 Cedar Cove Lane, Harrison, TN 37341**

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do not write below this line

Dues paid	date:	Amt:	date form updated
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