

# 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 wood turner

Year you started turning: \_\_\_\_\_ Would you be a mentor? Yes No

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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