

**APPLICATION
FOR MEMBERSHIP IN
OZARK WOODTURNERS CLUB**

NAME: _____

ADDRESS: _____

PHONE: _____

SPOUSE NAME: _____

E-MAIL ADDRESS: _____

WOODTURNING EXPERIENCE (YRS.) _____

AAW MEMBER? _____

SIGNATURE: _____ **DATE:** _____

DUES PAID: _____ **DATE:** _____

NOTE: DUES ARE \$20 PER YEAR (MEMBERSHIP YEAR BEGINS JANUARY 1ST)

PART YEAR MEMBERSHIP AFTER JULY 31ST IS \$10 FOR REMAINDER OF YEAR

**SEND MEMBERSHIP APPLICATION WITH CHECK MADE PAYABLE TO
OZARK WOODTURNERS TO 1114 WEBBER RD., MOUNTAIN HOME, AR. 72653**