

**OLYMPIC PENINSULA CHAPTER
AMERICAN ASSOCIATION OF WOODTURNERS
MEMBERSHIP APPLICATION**

NAME: _____ DUES PAID: \$ _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

Referred by: _____ Application Date: ____/____/____

Other Woodworking Affiliations: _____

Number of years experience turning: _____

Woodturning interests:

- | | |
|--|--|
| <input type="checkbox"/> Spindle Turning | <input type="checkbox"/> Tool Sharpening |
| <input type="checkbox"/> Bowl Turning | <input type="checkbox"/> Chucking Methods |
| <input type="checkbox"/> Segmented Bowls | <input type="checkbox"/> Custom Made Tools |
| <input type="checkbox"/> Other _____ | |

Would you be willing to demonstrate at a future club meeting? (If so, what?) _____

Are you willing to write "How To" articles for the club newsletter? _____

What types of teaching demonstrations would you like to see presented by the club? _____

Do you know of any speakers and/or demonstrators you would like to recommend for future meetings? _____

Is there anything you would like to contribute to this year's presentations? _____

Committee Preference

- | | |
|--|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Sargent-at-Arms | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Education | <input type="checkbox"/> Treasury |
| <input type="checkbox"/> Library | <input type="checkbox"/> Video / Audio |

Turning Club Website : www.opcaaw.com/