



Motto: Trees - While I grow let me live
When I die more pleasure I give.

Objective: To Promote the Art of Woodturning

Membership Application Form

Mr/Mrs/Miss/Ms First Name

Preferred Name on Badge Group

Address Post Code

Suburb Date of Birth

Home Phone Mobile

Postal Address Post Code

Email Address

Occupation

The WAWA magazine is produced bi-monthly and you will receive it by email. It is also available on the association Website at <http://woodturnerswa.com>

Associate Member Details (Optional)

Your Spouse or Partner can be an associate member, no additional membership fee is required. Please add \$10.00 if an Associate's badge is required.

Mr/Mrs/Miss/Ms First Name

Preferred Name on Badge Date of Birth

In completing this application for membership, I agree to abide by the terms of the Association's Constitution and any rules and bylaws.

Signature of Applicant -----/-----/ 20 -----

Fee's are determined at the Annual General Meeting in September each year. There should be a slip attached to this form showing the current fee's. If not, please contact the Membership Registrar. Your initial fee makes you a financial member until the next Annual General Meeting.

Cheques should be made payable to W.A.W.A

Return to:

Barbara Jennings
Membership Registrar
Woodturners Association of WA (Inc)
PO Box 1446
Busselton, WA, 6280

Enquiries:

ph: 08 9752 4302
email: wawaregistrar@gmail.com

Office Use Only
Membership No:
Receipt No:
Date Received
This application form came from: