



Tuolumne River Woodworkers Association

Membership Application

We are a non-partisan organization dedicated to the education, promotion, and execution of the principles of fine woodworking.

Our specific purposes are:

1. To promote the appreciation of the art and skills of woodworking.
2. To emphasize and promote the use of safety in the use of tools and woodworking skills.
3. To exchange information about techniques and devices which enhance the members understanding and ability in woodworking.
4. To promote the presentation of lectures, seminars, classes and discussions of woodworking material, tool and techniques.
5. To promote participation of the membership in public exhibition of representative examples of their work.
6. To exchange information on indigenous and rare woods associated with fine woodworking.
7. To assist community and other non-profit organizations by providing appropriate materials and making articles of wood for their programs.
8. To unite the members in the bonds of friendship, good fellowship and mutual understanding.

Name	
Spouses Name	
Street Address	
City, State, Zip	
Telephone	
Email Address	
Occupation	
Retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Woodworking Interest Please check all that apply:	Present Woodworking Skill Level Please check one:
<input type="checkbox"/> General	<input type="checkbox"/> Beginner
<input type="checkbox"/> Furniture Making	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Toy Making	<input type="checkbox"/> Advanced
<input type="checkbox"/> Carving	<input type="checkbox"/> Professional
<input type="checkbox"/> Router	
<input type="checkbox"/> Turning	
<input type="checkbox"/> Band Saw	
<input type="checkbox"/> Scroll Saw	
<input type="checkbox"/> Other _____	

I am aware of the purposes of the Tuolumne River Woodworkers Association as set fourth above and wish to participate and share the responsibilities for the success of the organization.

APPLICANT'S SIGNATURE: _____ **Date:** _____

For Official Use Only

REVIEW OF APPLICATION BY BOARD OF DIRECTORS:

Approved _____ Date: _____

Disapproved _____ Reason: _____ Date: _____

President, Vice President, or Secretary's Signature: _____