

MEMBERSHIP APPLICATION

First Name (Known As): _____

Surname: _____

Address: _____

_____ Postcode: _____

Telephone Home: _____ Business: _____

Mobile: _____ Fax: _____

Email: _____ Newsletters by email please

Name of spouse/partner (so we can be polite when calling): _____

Occupation (Required by Incorporated Societies Act): _____

If you are retired, we would like to know the skills and occupation you had when working. So please put your previous occupation/retired.

Member of the National Association of Woodworkers? (Yes or No) _____

Subscription rates are: Full year \$45.00

New members joining July through September \$25.00

October through December \$15.00

New Member Joining Fee \$10.00

Annual Subscription (see rates above) _____

Total to Pay _____

I wish to become a member of the South Auckland Woodturners Guild Inc. and agree to abide by the rules of the Guild.

Signature: _____ Date: _____

Get this form, with your payment by cheque, Visa, or Mastercard, or in cash, to:

David Jones, Treasurer
South Auckland Woodturners Guild
180 Settlement Road
Papakura 2110

If you require a receipt, please include a stamped, self-addressed, envelope.