



www.sawg.org.nz

MEMBERSHIP APPLICATION

First Name (Known As): _____

Surname: _____

Address: _____

_____ Postcode: _____

Telephone Home: _____ Business: _____

Mobile: _____ Fax: _____

Email: _____

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 \$50.00

New members joining July through September \$30.00

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 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:

Judith Langley, Treasurer, South Auckland Woodturners Guild
18 Ostrich Farm Road, RD1, Pukekohe 2676

Or email this form to treasurer@sawg.org.nz and use Electronic Funds Transfer
to 12 3237 0021807 00 and be sure to include your name with the transfer.

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