

Membership Application
Durham Woodworking Club

Name _____

Address _____

Postal Code _____ Telephone _____

City _____

Email Address _____

*Occupation/Profession now or retired from _____

*Your age? Under 60 _____ Over 60 _____

On what topics would you like to have a seminar? _____

On what tools do you require instruction? _____

On what tools can you provide instruction? _____

On what committee would you like to help? _____

Audio Visual _____

Library _____

Tool Repair _____

Education _____

Mentor _____

Comments: _____

This section to be filled in at the orientation only.

Attended shop orientation Date _____

Signature _____

Comments _____

* optional

