

CONEJO VALLEY WOODWORKERS ASSOCIATION MEMBERSHIP APPLICATION

NAME _____ DATE _____

STREET ADDRESS _____

CITY _____ CA ZIP _____

PHONE (H) () _____ (W) () _____

BUSINESS PROFESSION _____

** E-MAIL ADDRESS _____

** WE ENCOURAGE YOU TO REGISTER YOUR E-MAIL ADDRESS WITH THE CLUB SO YOU CAN SHARE IN OUR MEMBERS-ONLY EMAIL LIST. YOU WILL ALSO BE NOTIFIED EACH MONTH BY E-MAIL WHEN THE CLUB NEWSLETTER IS POSTED ON OUR WEBSITE FOR VIEWING AND DOWNLOADING.

DO YOU WANT TO BE LISTED ON THE CLUB DIRECTORY? THE DIRECTORY INCLUDES NAME, CITY, HOME PHONE, EMAIL AND CLUB POSITION ONLY. ALL OTHER INFORMATION IS KEPT CONFIDENTIAL. TO BE INCLUDED YOU MUST SIGN AND DATE BELOW:

NO _____, DO NOT INCLUDE ME YES _____, INCLUDE ME IN THE DIRECTORY.

(YOU WILL BE ABLE TO UPDATE THIS OPTION ON OUR WEB SITE)

SIGNED

DATE

TO ASSIST US IN MAKING THE ASSOCIATION THE BEST WE CAN,
PLEASE COMPLETE THE FOLLOWING INFORMATION:

1. AS A WOODWORKER I CONSIDER MY EXPERIENCE AND SKILL LEVEL TO BE: _____ (0=NO EXPERIENCE, 10=VERY EXPERIENCED)

2. I PRESENTLY HAVE THE FOLLOWING WOODWORKING TOOLS:
SHOPSMITH_____, TABLE SAW_____, RADIAL ARM SAW_____, POWER MITER SAW_____, LATHE_____, BAND SAW_____, SCROLL SAW_____, ROUTER_____, TABLE/SHAPER_____, DRILL PRESS_____, JOINTER_____, PLANER_____, STATIONARY BELT SANDER_____, DUST COLLECTION SYSTEM_____,
OTHER_____.

3. WHAT TYPE OF WOODWORKING DO YOU PREFER AND ENJOY MOST? (CHECK ALL THAT APPLY) BUILDING FURNITURE_____, CABINETS_____, TOLE CRAFTS_____, CLOCKS_____, TOYS_____, CARVING_____, GIFTS_____, TURNING_____, MARQUETRY_____, WOODWORKING AS A BUSINESS_____,
OTHER_____.

4. I WOULD LIKE TO SEE DEMONSTRATIONS OF THE FOLLOWING TOOLS, TECHNIQUES OR SPECIFIC PROJECTS: