



# Membership Application

Name: \_\_\_\_\_

Additional Names (if family membership): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

## Annual Membership Fees:

*Please circle type of membership*

Type	AAW Member **	Non-AAW Member
Student *	\$15	\$15
Individual	\$20	\$25
Family	\$25	\$30

\* include copy of student ID

\*\* American Association of Woodturners Membership # \_\_\_\_\_

*(must provide to get reduced rate)*

Amount Included: \$ \_\_\_\_\_

Mail your check, payable to **Central Ohio Woodturners** and this form to:

Chris Hachet  
COW Membership Chair  
9345 Wingate Place  
Orient, OH 43146