



New Membership Application

(Please Print Clearly)

Contact Information

First Name: _____ Initial ____ Last Name: _____
(The name you want on your Badge)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ - _____ - _____ E-mail Address: _____

Membership Information

Type of Membership: Individual (\$30.00/yr.) Family (\$35 .00/yr.)
Contribution to the Fiske Fund (optional) _____

Family Members Only:

First Name: _____ Initial ____ Last Name: _____
(The Name you want on your Badge)

Contact Phone: _____ - _____ - _____ E-mail Address: _____

First Name: _____ Initial ____ Last Name: _____
(The name you want on your Badge)

Contact Phone: _____ - _____ - _____ E-mail Address: _____

Write additional Family Members on the back of this form

Interests

What Are Your Woodworking Interests? (please check all that apply)

General Woodworking Furniture & Toy Making Woodturning Wood Carving

Musical Instruments Scroll Sawing Other _____

Please include this form with your check made out to NWA (write *Membership Dues* on your check) and mail it to:

**Northeastern Woodworkers Association
P.O. Box 246
Rexford, NY 12148**

NWA Use Only

Total Amount Received: _____ Cash Check / Check# _____ Date: ____/____/____