



Membership Application

Central Ohio Woodturners

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:

Nancy Kerns
COW Membership Chair
41 Jeremy Court
Pataskala, OH 43062

2016-07