

AWA

ALBUQUERQUE WOODWORKERS ASSOCIATION

Membership Application

DATE _____

NAME _____

SPOUSE'S NAME _____

ADDRESS line 1 _____

ADDRESS line 2 _____

CITY _____

STATE _____

ZIP/POSTAL CODE _____

CELL PHONE # _____

WORK PHONE # _____

HOME PHONE # _____

EMAIL _____

Membership Term:

- 1 YEAR \$36
 2 YEAR \$68 (-5%)
 3 YEAR \$97 (-10%)
 LIFETIME \$360
 STUDENT (-50%)

Under age 22, full-time student in an accredited educational program are qualified

Dues are assessed on a calendar year basis. Please pay a pro-rated amount of \$3 per remaining month of the current year. Months remaining this year ____ x \$3 = _____

Dues for Selected Term = _____

TOTAL PAYMENT DUE \$ _____



Payment can be made by:

- check mailed with application to:
AWA, PO Box 93624 Albuquerque, NM 87199
- credit card on AWA Website (www.abqawa.org)
- cash, check or credit card at the next regular meeting

Additional Information (optional)

- I am retired or semi-retired

I found out about AWA through: _____

I have the following special skills that I am willing to share with the members of the Association: _____

I agree that Albuquerque Woodworkers Association, including the officers, will not be liable for any injuries or bodily harm resulting from the operation and activities of the association.

Name (Print) _____ Date: _____

Signature _____