

Bucks Woodturners - Membership/Renewal Form - January to December 2024

PLEASE PRINT LEGIBLY

Date _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

Emergency Contact (Optional)

Name/Relationship: _____ Phone Number: _____

Membership Dues:

Regular: \$35 per year (____) Family: \$50 per year (____)

Spouse name: _____

Enclosed: Cash _____ or Check # _____

Are you a member of the American Assoc. of Woodturners? Yes _____ No _____

Would you be willing to mentor new &/ or inexperienced members? _____

Make checks payable to **Bucks Woodturners** and send with completed form to:

Bucks Woodturners

% Bob Collins

3125 Addison Court

Bensalem, PA 19020

Thanks,

Bob Collins

Cell: 215-353-1490