

ACTIVE MILITARY
PERSONNEL _____

2016 MEMBERSHIP APPLICATION

Complete this application by clearly printing the information requested in the spaces below, and returning this form, along with your check in the amount of **\$35.00** to:

Joe Bottigliere
1238 Church Street
Bohemia, NY 11716

Checks should be made out to the Long Island Woodworkers

NAME: _____

Address: _____

City: _____ **State:** _____ **ZipCode:** _____

Telephone: _____

E Mail Address: _____

Alternate Telephone: _____

Primary woodworking interest: _____

Other woodworking related interests: _____

How would you rate your skill level: _____

What would you hope to gain from the club: _____

COMMENTS, SUGESTIONS, EXPECTATIONS:

SIGS Additional - \$25 ea first two; \$15 third; \$10 fourth:

CABINETMAKERS: _____

CARVERS: _____

SCROLLERS: _____

TURNERS: _____

\$110 for full membership AND four SIGs.