



ACTIVE MILITARY
PERSONNEL _____

2019 MEMBERSHIP RENEWAL

Complete this application by **clearly** printing the information requested in the spaces below, and returning this form, along with your check **by Feb. 1st** in the amount of **\$60.00** to:

Joe Bottigliere
1238 Church Street
Bohemia, NY 11716

Checks should be made out to the Long Island Woodworkers

NAME: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____

E- Mail Address: _____

EMERGENCY Contact Telephone #: _____

Primary woodworking interest: _____

What have been your expectations of the club? _____

Have these expectations been met? (How?): _____

Do you feel your skill level has Improved?: _____

OTHER COMMENTS / SUGESTIONS:

***Your membership includes full access to all official SIGs!
CABINETMAKERS; CARVERS; SCROLLERS; TURNERS***