



DelVal Turners

Membership Application

Application Date _____

Last Name _____ First Name _____ Initial _____

Street Address _____

City _____ State _____ ZIP Code _____

Profession _____

Home Phone (_____) _____ Cell Phone(_____) _____

Work Phone(_____) _____ Email _____

Are you an AAW Member (American Association of Woodturners) YES _____ NO _____

I.C.E. Information (In Case of Emergency)

In the event of an emergency, we'll need the name of a person to contact:

Name _____ Relationship _____ Phone (_____) _____

Please make check payable to DelVal Turners, and submit it, along with your completed application to John Coles, Treasurer, at your next DelVal meeting.

Please submit this form in duplicate