



Central Florida Woodturners YOUTH Membership Application

I hereby apply for a Youth Membership in **Central Florida Woodturners** (\$5.00/year). *I understand that Youth Membership in the American Association of Woodturners is a club requirement.*

CFWT Membership Individual and Family Membership is: \$30.00/year **Youth Membership:** \$5.00/year.
Student AAW Membership is \$34.00/year. (Please go to www.woodturner.org to apply for membership)
Digital Membership with AAW for \$58.00/year. **Family Membership** with AAW is \$65.00/year.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell: _____ E-mail address: _____

Turning preference (bowls, hollow forms, pens, etc.): _____

Interested in learning: _____

Additional information _____

To be signed by the Parent/Guardian

As the Parent/Guardian/Carer of the young person named above, I give consent for her/him to take part in all CFWT club meetings and club events.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Name Cell: _____

Parent/Guardian Name E-mail address: _____

The completed application and membership dues can be brought to the next monthly club meeting, delivered to a club board member, or mailed to:

CFWT Treasurer - Mike McCleskey, 1814 Billingshurst Ct, Orlando FL 32825
(If paying by check, please make payable to: **Central Florida Woodturners**)