



Central Virginia Woodturners (CVW)

Membership Application

Date: _____

Your Name: _____ (Nickname--If Any) _____

Mailing Address: _____

E-Mail Address: _____

Telephone Number: (Land Line) _____ (Cell) _____

Person Recommending Membership (if applicable): _____

Occupation (Present or Past) _____

Woodturning Interest Area (if preferred): _____

Special Skills: (example – computer, mechanics, etc.) _____



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