



Central Coast Woodturners Co-op Ltd
(A Non profit Community based Group)

APPLICATION FOR MEMBERSHIP

Mr / Mrs / Miss / Ms
(please circle)

SURNAME _____ FIRST NAME _____

OCCUPATION _____
(if retired, please give prior occupation)

ADDRESS _____

POSTCODE _____

PHONE _____ MOBILE _____

FAX _____ EMAIL _____

SPOUSE / PARTNERS NAME _____

1. I hereby apply for membership of the above mentioned Co-operative and lodge the indicated fees.
2. If this information is approved by the Board, I agree to be bound by the rules of the Co-operative as determined from time to time by the Members.
3. I am over the age of 18 years D.O.B. / /
4. My main interests are

| | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Woodturning | <input type="checkbox"/> Woodcarving | <input type="checkbox"/> Scroll Sawing |
| <input type="checkbox"/> Pyrography | <input type="checkbox"/> Toy Making | <input type="checkbox"/> Other |

Please indicate preference by numbering 1 to 6

SIGNATURE OF APPLICANT _____

WITNESS _____ DATE / /

Joining Fee \$10

Annual Subscription \$60

Training Material Fee \$50 (if applicable)

Receipt No. _____

Note: This application is subject to approval by the Board

Web www.ccwt.org.au

All correspondence to: The Secretary, 8 Ourimbah Creek Road, Ourimbah, NSW 2258