



**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 \$45

Training Material Fee \$50 (if applicable) Receipt No. \_\_\_\_\_

**Note:** This application is subject to approval by the Board

Web [www.ccwt.org.au](http://www.ccwt.org.au)

**All correspondence to: The Secretary, 141 Alison Rd, Wyong, NSW 2259**