



Central Coast Woodturners Co-op Ltd

(A Non-profit Community based Group)

APPLICATION FOR MEMBERSHIP

Mr / Mrs / Miss / Ms

SURNAME FIRST NAME

OCCUPATION
(If retired, please give occupation prior to retirement)

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 application 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. DOB: / /
4. My main interests are Woodturning Woodcarving Scroll Sawing
 Pyrography Toy Making Other
Please indicate preference by numbering 1 to 6

SIGNATURE of APPLICANT

WITNESS DATE / /

Joining Fee	\$10	RECEIPT No
Annual Subscription	\$40	
Training Material Fee	\$20 Carving or \$100 Wood turning (if applicable)	

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

www.ccwt.org.au

All Correspondence to: The Secretary, PO Box 820 Wyong NSW 2259