

Membership Form

Name: _____

If this is a family membership, please list the names of all woodworkers in your family.

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

Dues:	\$25.00
Donation to the CR Woodworking Scholarship Fund	
Total Enclosed	

Circle any talents you possess and are willing to share with the Society:

accounting word processing past experience with 501 (c) (3) organizations

graphic arts web design teaching woodworking skills

hosting a program in your shop organizing volunteers

publicity willingness to serve as an officer

other (specify) _____

Mail this form and your check to:
HWS, P.O. Box 626, Arcata, CA 95518-0626

