Woodworkers of Central New York, Inc.

Membership Application Form — Jan 1, 2025 to Dec 31, 2025

Memberships After Oct 1st Include 2026 Membership

Complete form (***printing clearly***) and either bring to a meeting or mail to:

Woodworkers of Central New York
3405 Patchett Rd
Baldwinsville, NY 13027

Make checks payable to ***Woodworkers of CNY****; Add $1 for Payment by credit card*

_____
Date of Application

❑ New Member ❑ Renewal ❑ Change of Address, etc. ❑ Badge Request ❑ Other

Membership Types & Dues	❑	**Individual Membership—$25**
	❑	**Family Membership—$35** (Adults 18 & older in an immediate family, living at the same address. Can include children who wish to become junior members) *[Provide names & contact information for each family member below and on reverse]*
	❑	**Junior Members—Free** (Ages 8 thru 17) *Must be accompanied by an adult/guardian who is a member to all meetings and events.*
	❑	**One Day Membership—$5 Date:** _____ *Used to attend a club workshop or other Board approved educational event—applied to individual membership if joins by the end of the next scheduled meeting of the same group.*
Badge(s)	❑	**Badge—$9 Each [Total # ___ x $9 = _____] Names:**

General information

The Woodworkers of Central New York is a 501(c)(3) Not-for-Profit corporation registered in New York State. For programming purposed, we have four Special Interest Groups (SIGs). Sometimes programs are specifically targeted at a specific SIG group. **We ask that you mark those SIGs in which you are interested.** The newsletter is sent to all members and all members may attend any or all of the meetings, demonstrations, and other events sponsored by individual SIGs.

Information Allowed on Member List in *Member-Only* Section of Website: ☐ Name ☐ Address ☐ Email Address ☐ Phone Number

Primary Member (*esp. if Family Membership*)

❑ Carvers ❑ Scrollers ❑ Turners ❑ Woodworkers

Name: _____
Last *First*

Address: _____ ***See Information Above***

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

Primary Phone *Home or Cell*? _____ Home/Cell **Phone:** _____Home/Cell

Email: _____

All newsletters are sent via email. If you do not have an email, please indicate here ❑

Additional Members [*For Family & Junior Memberships—use the reverse as needed*]

Name: _____
Last *First*

❑ Carvers ❑ Scrollers ❑ Turners ❑ Woodworkers

Email: _____

Primary Phone *Home or Cell*? _____ Home/Cell **Phone:** _____Home/Cell

Name: _____
Last *First*

❑ Carvers ❑ Scrollers ❑ Turners ❑ Woodworkers

Email: _____

Primary Phone *Home or Cell*? _____ Home/Cell **Phone:** _____Home/Cell

Are you a member of the American Association of Woodturners (AAW)? No ❑ Yes ❑
[*Encouraged for members of the Turning SIG, required for officers and the Turning SIG Chair*]

Date Paid _____ Cash _____ Check # _____ Other _____ Officer _____