

Golden Triangle Woodturners



Membership Application 2026

	Annua	` ,	Renewal () Check One per year (Jan to Dec) Student: \$18	3.00
Name: Address:			Spouse:	
City:		Zip Code:		
	Phone:			
	E-Mail:			
Your Occu	pation:			
	•	Full Time ()	Part Time () Retired ()	
What kind What is yo	of lathe do ou skill leve	oeen turning? o you have? el? Beginner to see at our club meetir	() Intermediate () Adva	anced ()
Can you s	uggest a d	emonstrator?		
	_	do NOT want to be liste to be a Mentor? Yes (d in the online roster ())No()	
0: .			Date:	
Signature:		Malia alaaalia waxaal		
Signature:		Make checks payab		S
Signature:			to: Golden Triangle Woodturners	S
Signature:		If Mailing, Mail	_	S
Signature:		If Mailing, Mail	to: Golden Triangle Woodturners % Mike Marvin	S
Signature:		If Mailing, Mail	to: Golden Triangle Woodturners % Mike Marvin 7740 Smithfield Rd	S