



# Desert Woodcrafters

## Membership Application

Instructions: Print requested information in **BLOCK LETTERS.**

Read and sign the Waiver of Liability.

Return form to Treasure

**Last Name:**

**First Name**

**Name you want on you Name Tag:**

**Address:**

**City/Zip**

**Telephone:**

**Email:**

**How did you learn about Desert Woodcrafters?**

**Current Dues are \$25.00 per year. Make check to Desert Woodcrafters  
List Woodworking interests: ( Scroll Saw, Turning, Furniture, etc.)**

- 1.
- 2.
- 3.
- 4.

**I agree to comply with by laws and rules of the Desert Woodcrafters and will conduct myself in a manner that respects the safety of all members in attending any function of the association.**

**I agree to hold harmless the Desert Woodcrafters and its officers and members of any responsibility and liability for any injuries or damage resulting from my presence at meeting place of the association or from my use of any equipment in such meeting place.**

**Member's Signature:**

**Date:**

**Witness:**