



**North Texas Woodworker's
Association**
P.O. Box 831567
Richardson, TX 75083-1567
www.ntwa.org

Name: First _____ **Last** _____

Mailing Address: _____

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

Telephone:(Home) _____ **(Office)** _____

Email Address: _____

Do you wish to receive the newsletter by Email: (Y) (N)

My Interests in woodworking are: (Please choose up to 4 that are of the greatest interest and mark 1 to 4 being the most important

<input type="checkbox"/> Carving	<input type="checkbox"/> Marquetry / Veneering	<input type="checkbox"/> Toys / Games / Puzzles
<input type="checkbox"/> Crafts/Boxes	<input type="checkbox"/> Models	<input type="checkbox"/> Wood Turning
<input type="checkbox"/> Wood Collecting	<input type="checkbox"/> Musical Instruments	<input type="checkbox"/> Other
<input type="checkbox"/> Furniture / Construction	<input type="checkbox"/> Wood burning /	_____
<input type="checkbox"/> Furniture / Restoration	<input type="checkbox"/> Pyrography	
<input type="checkbox"/> Jewelry	<input type="checkbox"/> Tool collecting / Antiques	

Major Woodworking Tools you own

<input type="checkbox"/> Bandsaw	<input type="checkbox"/> Jointer	<input type="checkbox"/> Shaper
<input type="checkbox"/> Lathe	<input type="checkbox"/> Router	<input type="checkbox"/> Table Saw
<input type="checkbox"/> Radial Arm Saw	<input type="checkbox"/> Drill Press	<input type="checkbox"/> Scroll Saw
<input type="checkbox"/> Thickness Planar	<input type="checkbox"/> Disc Sander	<input type="checkbox"/> Multi-tool

Would like a program on any of the above tools? If so, which one(s)?

What is/was your profession? _____ Are you retires? ___ Yes ___ No ___ Semi

What are your other interests or hobbies? _____

Would you like to become active (serve on a committee, give a demonstration, etc) _____

Neither the Association, its officers nor the owner of any facility at which any meeting or event occurs will be liable for any injuries or bodily harm resulting from the operation and activities of the Association. I hereby release all such parties from any claim for injuries, bodily harm or other loss or damage I may suffer in connection with the operation and activities of the Association. Please sign below to agree to this waiver of liability.

Signature: _____ Date: _____

Dues for twelve month period, beginning April 1 are \$24.00. Please mail your membership application to North Texas Woodworker's Association, P.O. Box 831567, Richardson, TX 75083-1567