

Application for Membership



WOODWORKERS GUILD OF RHODE ISLAND

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _ (____) _____ - _____

Email: _____

Your Woodworking Interests: _____

We need help from all of our members. Would you be willing to serve on a committee or help with an event?

YES _____ or NO _____

Please check here ____ if you do NOT wish to be published in a membership listing for our members use. The membership list will not be published on our web site.

Dues are based on a calendar year and are \$28 for the entire year. For new members joining after June 30th, dues for the balance of the year will be \$14.

Print this page and send with check for \$28 (\$14 after June 30th) made payable to:
Woodworker's Guild of Rhode Island

Mail to: Woodworker's Guild of Rhode Island
PO Box 520
No. Scituate, RI 02857