

MEMBERSHIP **RENEWAL** FORM – WOODCRAFT GUILD ACT INC.

PLEASE NOTE. THIS FORM IS ONLY FOR USE BY THOSE WISHING TO CONTINUE THEIR CURRENT MEMBERSHIP. If your membership has ceased, OR you wish to vary your membership category, please complete a New Member Application Form.

This renewal form may	be printed, completed as	nd be either mailed or presen	ted in person		
If completing MANUAL	LY, please PRINT using	a black or blue pen.			
Surname:					
First Name:		[If Family Membership ot	[If Family Membership other member name(s)]		
Address: (ONLY if cha	anged in the past two yea	ars)			
Town I Suburb:		State/Territ	ory:	P/Code:	
Did you retire during	the past 12 months?	Yes / No (mark X	against one).		
If not retired, what is	your current occupation	on?		_	
Please confirm phone	e: (H)	Please confirm	m phone: (W) _		
Please confirm phone	e: Mobile				
Please confirm email This e-mail address wil Guild's website (otherw		when the monthly news letter a	and other Guild in	formation is available on the	
PLEASE mark with an	"X" those Special Interes	t Groups (SIGs) which you w	ant to join or parti	cipate in:	
Carving	Furniture	Pyrography	Scroll Sa	w & Marquetry	
TOYS	Tool Appreciation	Turning	Spindle	Turning	
Mandrel and Min	iature Turning	Musical Instrument Making	Furniture res	storation and polishing	
Membership fee amo Payment by: Cheque payable to " Cash / EFTPOS in p Direct Transfer via o BSB: 062 908 Ac NB Include in the 'F	Woodcraft Guild ACT erson at the SHED us online banking transfer count Number: 0091 1 Remarks/Comments' a	Inc.", or by ing your Visa or MasterCa r to the Woodcraft Guild's 0 217 area: " M'ship followed by y	ard – or by Commonwealth your initial + su		
Please record your	bank's Recipient's T	ransaction Receipt Numb	ber here:	<u> </u>	
Members hip Agreed In submitting this app		agreement to be bound by	the Rules of Th	ne Woodcraft Guild ACT Inc.	
Signature:		(if submitting in pe	erson or by post)	Date://	
Please post this form	with payment (or ema	ail with direct debit details i	included above)	either to:	
The Membership Se The Woodcraft Guil PO Box1141 Woden ACT 2606		or email to: memb	ership@woodcr	aftguild.org.au	
•	d, if paying by cash or				
For Guild Use Only		D:	ate://_		
	Member No.:				