



# NEW FAMILY MEMBERSHIP APPLICATION FORM – WOODCRAFT GUILD ACT INC.

**PLEASE NOTE. THIS FORM IS FOR USE BY THOSE WISHING TO JOIN THE GUILD FOR THE FIRST TIME (as a family membership that comprises a maximum of 2 adults and 2 dependent children).**

This membership application form may be printed, completed, and either mailed, or presented in person. Alternately the form may be completed online at [www.woodcraftguild.org.au](http://www.woodcraftguild.org.au).

If completing MANUALLY, please PRINT using a black or blue pen for each family member below. Please ensure that all applicants have separate email addresses in order to receive guild information and to access their own membership and accreditation details.

Family Member 1 Surname: \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male / Female (circle one)

Address: \_\_\_\_\_ Town / Suburb \_\_\_\_\_

State/Territory: \_\_\_\_\_ P/Code: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Spouse / Partner's Name: \_\_\_\_\_

Are you retired? Yes / No (circle one). What is your current or pre-retirement occupation? \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Phone: (W) \_\_\_\_\_ Phone:(Mobile) \_\_\_\_\_

Email: (Please print clearly) \_\_\_\_\_ @ \_\_\_\_\_

This e-mail address will be used to advise you when the monthly newsletter and other Guild information is available on the Guild's website).

**Woodworking Experience / Interests:** \_\_\_ Beginner \_\_\_ Experienced Hobbyist \_\_\_ Professional

**Which one or more** of the Special Interest Groups (SIGs) you would like to participate in:

\_\_\_ Carving \_\_\_ Furniture \_\_\_ Pyrography \_\_\_ Scroll Saw & Marquetry \_\_\_ Toys \_\_\_ Tool Appreciation  
\_\_\_ Turning \_\_\_ Musical Instrument Making \_\_\_ Furniture Restoration and French Polishing

Family Member 2 Surname: \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male / Female (circle one)

Address: \_\_\_\_\_ Town / Suburb \_\_\_\_\_

State/Territory: \_\_\_\_\_ P/Code: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Spouse / Partner's Name: \_\_\_\_\_

Are you retired? Yes / No (circle one). What is your current or pre-retirement occupation? \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Phone: (W) \_\_\_\_\_ Phone:(Mobile) \_\_\_\_\_

Email: (Please print clearly) \_\_\_\_\_ @ \_\_\_\_\_

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\_\_\_ Turning \_\_\_ Musical Instrument Making \_\_\_ Furniture Restoration and French Polishing

Family Member 3 Surname: \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male / Female (circle one)

Address: \_\_\_\_\_ Town / Suburb \_\_\_\_\_

State/Territory: \_\_\_\_\_ P/Code: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Spouse / Partner's Name: \_\_\_\_\_

Are you retired? Yes / No (circle one). What is your current or pre-retirement occupation? \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Phone: (W) \_\_\_\_\_ Phone:(Mobile) \_\_\_\_\_

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\_\_\_ Turning \_\_\_ Musical Instrument Making \_\_\_ Furniture Restoration and French Polishing

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Family Member 4 Surname: \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male / Female (circle one)

Address: \_\_\_\_\_ Town / Suburb \_\_\_\_\_

State/Territory: \_\_\_\_\_ P/Code: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Spouse / Partner's Name: \_\_\_\_\_

Are you retired? Yes / No (circle one). What is your current or pre-retirement occupation? \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Phone: (W) \_\_\_\_\_ Phone:(Mobile) \_\_\_\_\_

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**Membership Fees (initial) : Family Membership \$160 or Country Family Membership \$80.00**

**Membership Fees (renewal) : Family Membership \$150 or Country Family Membership \$75.00**

Membership fee amount: \$ \_\_\_\_\_

**Payment by:**

**Cheque** payable to "Woodcraft Guild ACT Inc.", or by

**Cash / EFTPOS** in person at the SHED using your **Visa** or **MasterCard** – or by

**Direct Transfer** via online banking transfer to the Woodcraft Guild's Commonwealth Bank

account BSB: 062 908 Account Number: 0091 1217

**NB** Include in the 'Remarks/Comments' area: "**M'ship**" followed by your "**initial + surname**".

Please record your bank's **Recipient's Transaction Receipt Number** here: \_\_\_\_\_.

Membership of the Guild is subject to approval by the Committee.

**Membership Agreement**

In submitting this application I indicate my agreement to be bound by the *Rules of The Woodcraft Guild ACT Inc* and to adhere to its Occupational Health and Safety policies.

Signature: \_\_\_\_\_ (if submitting in person or by post) Date: \_\_\_/\_\_\_/\_\_\_ Please post to:

**The Membership Secretary**

or to: [membership@woodcraftguild.org.au](mailto:membership@woodcraftguild.org.au)

**The Woodcraft Guild**

**ACT Inc. PO Box 1411**

**Woden ACT 2606**

or bring it to the Shed, if paying by cash or credit card.

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For Guild Use Only

Receipt No.:

Date:

Initials: