



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.

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? _____

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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? _____

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____ Turning ____ Musical Instrument Making ____ Furniture Restoration and French Polishing

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? _____

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Email: (Please print clearly) _____@_____

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____ Turning ____ Musical Instrument Making ____ Furniture Restoration and French Polishing

Membership Fees (initial) : Family Membership \$320 or Country Family Membership \$195

Membership Fees (renewal) : Family Membership \$270 or Country Family Membership \$145

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 this

The Membership Secretary

or to: membership@woodcraftguild.org.au

The Woodcraft Guild

ACT Inc. PO Box 2095

Kambah ACT 2902

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

For Guild Use Only

Receipt No.:

Date:

Initials: