

North Florida Woodturners -- Member information Sheet

Full Name: _____

Nick name (for name tag): _____

e-mail (please print): _____

phone: _____

address: _____

City: _____ State: _____ zip: _____

Turning level (____beginner, ____intermediate, ____advanced, ____expert)

Types of turning you like to do (bowls, pens, ornaments, platters, hollow forms, boxes, etc.)

What would you like to learn to do or see demonstrations on?

Would you be willing to be a demonstrator? ____ yes , ____ No, ____Maybe

(if yes or maybe What might you demonstrate?)

What would you like to see the club (North Florida Woodturners) do?

Would you consider being an officer of the club? ____ president, ____ vice president, ____ treasurer,
____secretary, ____ web master, ____ News Letter, ____ program chair, ____ membership chair.