K-W WOODWORKING and CRAFT CENTRE
MEMBERSHIP FORM

NAME: _____ _____ _____
(Last Name) (init) (First Name)

ADDRESS: _____
Apt/House number/Street

_____
City Postal Code

_____
Home Phone Mobile Phone

_____
E-mail Address

Emergency Contact: _____ **Relation:** _____

Contact Phone #: _____ **Mobile #:** _____

What are your machine/woodworking skills? novice__ fair__ good__ expert __

How did you hear about us? word of mouth__ website__ member__ other_____

I HAVE REVIEWED THE CLUB'S GUIDELINES/EXPECTATIONS AND AGREE TO ABIDE BY THEM.

_____ _____
Signature Date (mo/day/year)

VOLUNTEER USE

DATE _____ **FEE** _____

PHOTO ____ **ORIENTATION** ___ **GUIDE/EXPECT** ___ **WAIVER** ___ **COVID WAIVER** ___

DATE of 2nd VACCINE/BOOSTER _____ **License #** _____

VOLUNTEER (Print Name) _____

OFFICE USE

ENTERED _____ **NAMETAG**_____