

MEMBERSHIP APPLICATION

NAME (REQUIRED) _____

STREET ADDRESS _____

CITY _____

STATE _____

PHONE OR CELL # _____

EMAIL _____

COMPANY NAME
(IF APPLICABLE) _____

PLEASE DESCRIBE YOUR WOODWORKING INTERESTS OR IN

WHAT WOULD YOU LIKE TO GET OUT OF JOINING THE GUILD OF MAINE
WOODWORKERS

MEMBER - \$30/YEAR DUES. RECEIVE ALL DISTRIBUTED MATERIALS AND
REFERRAL SERVICES. A MEMBER MAY HOLD OFFICE. QUARTERLY NEWSLETTER
IS ALSO INCLUDED BY EMAIL.

CHECKS MADE OUT TO GUILD OF MAINE WOODWORKERS, INC. AND MAILED TO

Jim Hanscom
c/o Guild of Maine Woodworkers, Inc.
85 Old Limington Rd
Cornish, ME 04020