

## DelVal Woodturners Membership - Year 2007

Please print legibly!

Date \_\_\_\_\_ RENEWAL \_\_\_\_\_ NEW \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail \_\_\_\_\_

Regular Membership \$ 20.00

AAW Member \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Make checks payable to: DelVal Woodturners

Send completed form and check to:

Herb Kurtz,  
C/o DelVal Woodturners  
5 Latham Parkway  
Melrose Park, P.A. 19027

Check No:  
Cash: