San Diego Fine Woodworkers Association Membership Application

Print Clearly Date: ____/_____/_____

☐ **NEW** Where did you hear about us? _____

☐ **RENEWAL**

Name: _____
First Middle Last

I would like a membership card for my spouse: _____
Name

Mailing Address: _____

City: _____ State _____ Zip Code (9 digits)_____ -_____

Telephone: (_____)_____-_____

E-Mail Address: _____

Your information will only be shared within this Association and on a need-to-know basis.

You will receive your newsletter via the SDFWA website unless you indicate other wise.
You will be notified when the newsletter is available on the website at SDFWA.org.
I would like to receive my newsletter By U.S. mail _____

☐ **$30 dues for 2011 membership (expires Dec 31, 2011)**

Mail form and payment to: SDFWA P.O. Box 82323 San Diego, CA 92138-2323