



MEMBERSHIP APPLICATION

Dues \$35 per year, \$17.50 after July 1.
Make check payable to SJFWA and mail to:
SJFWA, PO Box 27442
Fresno, CA, 93729
WWW.SJFWA.COM
sjfwoodworkers@gmail.com

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

RETIRED: Yes ___ No ___

OCCUPATION: (Past) _____

VETERAN: Yes ___ No ___ If Yes, Branch Served _____

The SJFWA is a 100%-volunteer organization and its continued success is dependent on the participation by all of its members. Please mark each of the areas where you are willing and able to help:

___ Refreshment Committee ___ Set-up/Clean-up ___ Help with the Newsletter
___ Help with the Web Site ___ Help with Audio/Visual ___ Toy Committee
___ Provide a Meeting Place ___ Assist with a Presentation ___ Assist with a Class
___ Serve as a Mentor ___ Fund Raising ___ Serve as a Board Member or Officer
___ Other _____

Signature

Date

For membership information Contact: sjfwoodworkers@gmail.com