



Affiliated chapter



Membership Application Form

Please Print Clearly

Check One: New Member Renewal Address Change

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Postal Code: _____

Email Address: _____

Are you a member of the American Association of Woodturners (AAW)? Y N

The success of our Association depends entirely on volunteers. Each member is expected to participate in guild activities. In which of the following would you like be involved (check at least one):

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| 1. Helping at meetings | <input type="checkbox"/> | 2. Acting as a mentor for beginners | <input type="checkbox"/> |
| 3. Serving on a committee | <input type="checkbox"/> | 4. Making a presentation if asked | <input type="checkbox"/> |
| 5. Helping at public events such as a woodturning show | <input type="checkbox"/> | | |

Release of Liability & Waiver of Claims

I wish to participate in workshops, courses, meetings and other events held by, sponsored by or co-sponsored by the Woodturners Association of Manitoba (WAM). I accept all responsibility for, and release WAM from, any claims, losses, damages or expenses of any kind whatsoever arising out of any injury, loss or death that may occur or arise out of attending or participating in any event held or sponsored by WAM or while using any equipment at such events. I will not advance any claims whatsoever against WAM, its officers, executives, directors, agents or volunteers for any claims, losses, damages or expenses, arising from any cause, including negligence, that may occur at such events. I have read and understood the **"Safety Documents"** (<http://mbwoodturners.ca/safety.html>) and I promise to comply with these safety guidelines at all times while attending any events held or sponsored by WAM.

Signature: _____

Date: _____

Witness: _____