



Membership Application and Renewal Form

I hereby apply for membership in the Channel Island Woodturners.

Dues are \$35 per calendar year, renewable January 1. Dues may be paid to the Secretary at a meeting. Please make checks out to *Channel Islands Woodturners, Inc.* with "CIW Dues" in the memo space.

By my signature below, I acknowledge that I have read and accepted the bylaws of this chapter. See <http://www.channelislandswoodturners.org/>. Specifically, I agree to the principals expressed in Article XI as printed below.

Article XI - Channel Islands Woodturners' Disclaimer

The Channel Islands Woodturners may not incur debt for its own local activities. However, prudent encumbrances upon the monies currently held in the treasury or upon anticipated dues or event fees may be approved by the Officers of the Chapter in the normal course of business.

By accepting membership each member recognizes and agrees that the Channel Islands Woodturners is not responsible, as an organization, for any legal liability for accidents that occur during events of any kind sponsored by the Local Chapter. The Local Chapter is a group of individuals who accept fiscal and legal responsibility for their own actions. Woodturning is a potentially dangerous activity and members personally accept for themselves the risk of injury by participating in the activities of the Local Chapter. Each member is responsible for his/her own safety and is encouraged to teach and promote safe working methods for others.

The AAW currently provides limited liability coverage to our Local Chapter. This liability policy covers only non-member third parties that might be injured by an AAW member during a public event participated in or sponsored by the Local Chapter. It specifically does not cover injury to members or demonstrators at meetings or activities sponsored or not sponsored by the Local Chapter. It does not cover a Chapter member who is not a member of AAW. **Therefore it shall be the policy of the Channel Islands Woodturners that only AAW Members may demonstrate at public events of this Chapter.**

Every chapter member is encouraged to join the American Association of Woodturners (<http://www.woodturner.org/>), our parent organization.

Name _____ Spouse _____ Date _____

Address _____ City _____ State _____ ZIP _____

Best Telephone _____ Email _____

What is/was your vocation? _____ How would you like to be involved?

Meetings & demos Get a mentor Be a mentor Teach at Cabrillo Be an officer Help out

Signed _____