



Membership Application

I hereby apply for membership in the Channel Island Woodturners.

Dues are \$35 per calendar year, renewable January 1. Dues are submitted to the treasurer 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 principles 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.

Channel Islands Woodturners purchases limited liability coverage. This liability policy covers only non-member third parties that might be injured by a dues-paying member during a public event participated in or sponsored by the club. **It shall be the policy of the Channel Islands Woodturners that only members and others authorized by the board of directors may demonstrate at public events of this Club.**

Every chapter member is encouraged to join the American Association of Woodturners, our parent organization. See <http://www.woodturner.org> for a free, 60-day, guest membership.

Name _____ Spouse _____ Date _____

Address _____ City _____ State _____ ZIP _____

Best Telephone _____ Email _____

What is/was your vocation? _____

How would you like to be involved? (circle all that apply)

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

Signed _____