**Central Alabama Woodcarving Association**Membership Application

 Individual Membership - $15.00 (One Person)
 Family Membership - $25.00 (Two individuals)

1. First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Date Joined CAWA: \_\_\_\_\_\_\_\_\_\_\_\_
(voluntary) (mm/dd/yy) (mm/dd/yy)
Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Home Phone Cell Phone Work Phone

Home Information:
Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

2. First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Date Joined CAWA: \_\_\_\_\_\_\_\_\_\_\_\_
(voluntary) (mm/dd/yy) (mm/dd/yy)
Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

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For Accounting Purpose Only:

Amount Paid:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Method of Payment:
 Cash
 Check Check No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_