

WOODWORKERS OF CENTRAL OHIO

Membership Application

PLEASE PRINT CLEARLY

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email address _____

Occupation _____

Spouse's Name _____

Woodworking Skill Level: novice intermediate craftsman

How did you learn about WOCO? _____

Please bring this form to a meeting or mail it along with a check for \$25 payable to WOCO to

Michael Ware, Treasurer
Woodworkers of Central Ohio
5693 Piermont Court
Westerville, OH 43082-7145