



WITWATERSRAND WOODWORKERASSOCIATION APPLICATION FOR MEMBERSHIP

I hereby apply for membership and acknowledge that all applications are subject to the approval of the Committee of the Association. By signing this form I agree to abide by the Constitution and Rules of the Witwatersrand Woodworkers Association and undertake to support the Activities of the Association. I agree that my contact information may be distributed to members of the association.

Surname & Initials:

First Name/Nickname:

Residential Address:

E-mail Address:

Contact Number: **Cell: (+27)**

Type of membership:

Full	<input type="checkbox"/>
------	--------------------------

Spousal/Child	<input type="checkbox"/>
---------------	--------------------------

Country	<input type="checkbox"/>
---------	--------------------------

Please shortly specify your woodworking interest and strengths

.....

By signing this form I agree to abide by the Constitution and Rules of the Witwatersrand Woodworkers Association and undertake to support the Activities of the Association.

INDEMNITY

I, (block letters), ID Number:

Hereby indemnify the Witwatersrand Woodworkers Association, its office bearers, Made In Workshop (MIW), and any person acting on behalf of these associations against all claims which may arise out of damage, loss or injury which may occur or be sustained by me whilst participating in activities or attending functions held under the auspices of the Association or any of its sub-sections or interest groups.

Signed at on the day of 202

Signature of Member*:

*Signature of parent/guardian if member is under 21 years of age.

PAYMENT:

Membership Subscription: R.....

Please send Proof of Payment to: treasurer@wwa.org.za

.....

Witwatersrand Woodworkers Association

Bank: **First National Bank**
Branch: **Northgate 631**
Account number: **63026931287**
Branch Code: **256755**