NEOWTA

2026 Membership Application

One form per person. Family members must fill out one form for each member.

Check One: New ☐ Renewal ☐

Annual Membership (Jan - Dec): Individual $120.00 ☐ Family $200.00 ☐ Youth (18-25) $75.00 ☐

Name _____

email _____

Address _____

City _____ State _____ Zip _____

Cell Phone (___) _____ Home Phone (___) _____

Your Occupation: _____ Full Time ☐ Part Time ☐ Retired ☐

Spouse Name _____ Spouse email _____

Spouse Cell Phone (___) _____

Are you a member of AAW? Yes ☐ No ☐ (If yes, Member No. _____)

How long have you been turning? 0-1yrs ☐ 2-5yrs ☐ 6-10yrs ☐ 11-15yrs ☐ 16-20yrs ☐ 21+yrs ☐

What is your skill level? Beginner ☐ Intermediate ☐ Advanced ☐

Are you willing to give a program? Yes ☐ No ☐

If yes, describe your program _____

Would you be willing to be a Mentor? Yes ☐ No ☐

Can we use your information in our Membership Directory? Yes ☐ No ☐

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that wood turning carries with it a potential for serious injury. I acknowledge that it is necessary to take safety precautions. I hereby assume all the risks of participating in all NEOWTA meetings, classes, workshops and other functions. I realize that liability may arise from negligence or carelessness on my part,

In consideration of permitting me to participate in these activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

A. Waiver, release and discharge any and all liability for my death disability and personal injury or actions of any kind which may hereafter occur to me in or as a result of these activities, Northeastern Oklahoma Wood Turners Association (NEOWTA), NEOWTA Officers, Board Members and Association Members, Workshop Volunteers, Representatives or Agents,

B. Indemnify and hold harmless the entities mentioned in this paragraph from any liabilities or claims made by individuals or entities as a result of my or any actions associated with all NEOWTA meetings, classes and workshops.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law, I hereby certify that I have read this document and I understand its contents.

Signature: _____ Date: _____

Make checks payable to: Northeastern Oklahoma Woodturners Association

Send Check to:

NEOWTA
c/o Marcy Kissinger, Treasurer
10366 S 76th East Ave
Tulsa, OK 74133

(For Office Use)

Amount (_____) Method (_____) Date (_____) Entered (_____)

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec