

# NWCA Membership Application

Application (please circle one)    New Member    Renewal    Gift Membership  
Years being paid (please circle one)    1 year    2 years    3 years

Name (please print) \_\_\_\_\_

Street / P.O. Box \_\_\_\_\_

City / State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Club affiliation (if applicable) \_\_\_\_\_

## Yearly dues (in U.S. dollars) are:

- \$20 to U.S. addresses;
- \$22 to Canadian addresses;
- \$26 to all other addresses.

Make check payable to:

**National Wood Carvers Association**

Mail to:    **P.O. Box 43218**

**Cincinnati, OH 45243**

\$ \_\_\_\_\_ NWCA donation - tax deductible 501(c)(3)

\$ \_\_\_\_\_ Total enclosed

## Credit Card Payment

Card Number \_\_\_\_\_  
Valid through \_\_\_\_\_ Security Code \_\_\_\_\_  
Name on card \_\_\_\_\_  
Cardholder Zip Code \_\_\_\_\_  
Cardholder Email \_\_\_\_\_