



RIVER VALLEY WOOD CARVERS

Membership Application

www.rivervalleywoodcarvers.org

Check One: Individual Family

Name: _____ Date of Birth _____

Spouse/Companion: _____

Other Family for Membership: _____

Address: _____

City/State/Zip: _____

Home phone/Cell: _____

Emergency Phone # _____ Name: _____

Doctors Name: _____ Preferred Hospital: _____

Medical Condition we should be aware of: _____

Email address: _____

I Agree to abide by the River Valley Wood Carvers By-Laws:

Signature: _____ Date: _____

Dues: \$12 Individual
 \$18 Family
Dues Year: January to December
Check Payable to: River Valley Wood Carvers
 Or RVWC

Mail Application and Check to:
Ed Stover, Treasurer
2538 Woodcliff Dr.
Villa Hills, KY 41017

Just a few questions to help us get to know you.....

How did you find out about RVWC: _____

How do you classify yourself as a carver:

___ Beginner ___ Novice ___ Intermediate ___ Advanced

What are your carving interests?

___ Birds ___ Relief ___ Animals ___ Chip Carving ___ Burning ___ Other

Do you have a computer? _____

Do you have an area of expertise that you would be willing to share with the members of the club?

ie: sharpening, painting scroll saw work, marketing, finishes for carvings, etc.

___ yes ___ no Let me think on it _____

If yes, please explain _____

A member phone/address/email list will be compiled with this information and distributed to members.

All other information is kept with the secretary for emergency purposes.