### **Guild of Oregon Woodworkers - Member Application**

# Step 1. Enter contact information Date:\_\_\_\_\_ Renewal \_\_\_\_ New Business Name: (optional) \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Optional ~ Gender: [M] [F] [Other] Age Range: [Under 30] [30-50] [Over 50] **Step 2; Type of Membership** General Membership (\$85 per year) General Family Membership (\$110 per year) (Optionally register up to three more family members each with a unique email address) 2<sup>nd</sup> Family member name:\_\_\_\_\_\_ Email \_\_\_\_\_ 3<sup>rd</sup> Family member name:\_\_\_\_\_\_ Email \_\_\_\_\_ 4<sup>th</sup> Family member name: Email \_\_\_\_\_ **Professional Membership** (\$110/year) Business Name: Web page: Publish link on Guild website Yes No **Professional Plus Membership** (\$100/year + \$85.00/year each additional membership) Business Name: Web page: Publish link on Guild website Yes No 1<sup>st</sup> Employee Name:\_\_\_\_\_ Email \_\_\_\_ 2<sup>nd</sup> Employee Name:\_\_\_\_\_\_ Email \_\_\_\_\_ 3<sup>rd</sup> Employee Name: Email Woodshop Educator Membership (\$35) Must teach woodworking for a living at a school in Oregon. Name of school\_\_\_\_\_ Publish link on Guild website Yes School website Public or Private (circle one) College High School Middle School Elementary Step 3. How did you hear about the Guild (circle one)? Craigslist, Fair (county or state), Friend, Gift, Guild Class, Guid Shop, Internet, Referral, Woodworking Show, Rockler, Woodcraft, Woodcrafters, Woodworking store (Other), OCAC Class, PCC Class, Newspaper/Magazine, Facebook, Other

(please identify)

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Step 4.Skill level with power tools
Beginner - little, or no experience with woodworking concepts. hand tools, power tools or machinery
Intermediate - can safely operate: planer, jointer, bandsaw, table saw, miter saw, and sanders
Advanced - ability to complete complex woodworking processes. Safely use all standard machinery
Professional - make all or portion of your income through woodworking
Make check payable to Guild of Oregon Woodworkers and mail to:
Guild of Oregon Woodworkers, c/o Guild of Oregon Woodworkers; Treasurer, PO Box 80922, Portland, Or 97280
Please complete release form on next page and return with application and payment

#### **GUILD OF OREGON WOODWORKERS**

### AGREEMENT AND GENERAL RELEASE FROM LIABILITY AND VOLUNTARY PARTICIPATION

Sign and include a copy of the liability release below

I (print your name)	le, disassemble, or perform any activity on, or with, power or ivities of the Guild. The use of woodworking equipment at ting location and shop of the Guild of Oregon Woodworkers.
I am aware that woodworking is a hazardous activity. I voluntary danger involved. I understand that the Guild Shop contains puse a machine unless and until I have been adequately trained.	owerful and potentially dangerous machines. I will not ed and feel confident of my proficiency with that machine.
I have read the Guild Safety Guidelines and/or participated in a Guild activities and I understand there are inherent dangers. I ch personal responsibility for my own safety.	
As consideration for being permitted by the Guild of Oregon Woorganizations to participate in these Guild activities and use their Guild of Oregon Woodworkers, its members, agents, demonstrated actions, claims, or demands that I, my assigns, heirs, distribute, hereafter have, for injury or damage resulting from my participate.	r facilities and/or power tool equipment, I hereby release the tors, and any of its sponsor organizations from any and all guardians, and legal representatives, now have or may
I hereby grant to the Guild of Oregon Woodworkers the right an the minor named below on whose behalf I am signing, for the us transmission in connection with education, promotion or use for	se or distribution in any Guild printed matter and/or electric
Signature: Date: Date: If the member is over 14 and under 18 years old, a parent or guar Signature: Date: Print your name: Relationship to the member: Emergency contact information (required):	rdian must also sign below.
Emergency contact information (required):	
Contact(s):	
Phone#1:/ Phone#2/	Phone#3:/
Join/Event/Class:	Date: