

Great Falls Turners
membership application

Name: _____

Address: _____

Phone: Home _____ Cell _____

E-Mail address: _____

Turning experience: _____

Main interests: _____

Do you want your contact information to be available to other members of the GFT?

Yes _____

No _____

Dues: \$35 per calendar year, remit to:
Great Falls Turners
c/o Chuck Kuether
6 Bear Paw Place
Great Falls, MT 59404

Check # _____ \$ _____

or
Cash _____

Date Paid _____