



MEMBERSHIP APPLICATION / RENEWAL 2026-27

Membership No: _____

(to be completed by M'Ship/Treasurer)

Applicant's Details *(if joint add both names)*

Name/s:	
Address:	
Post Code:	

Phone

Home:	
Mobile:	
Email:	

☐ Individual Membership¹ (£40)

☐ Joint Membership² (£50)

I/We *(only one signature is required)* confirm that I/we wish to apply for Membership of **ULSTER WOODTURNING** and enclose the appropriate fee. I/We agree to encourage the promotion of woodturning and to abide by the Rules of the club, its policies and constitution.

Signed:		Date:	
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Please send completed form along with remittance to the Club Treasurer:

Paul Finlay, 39 Kinbayne Avenue, Greenisland, CARRICKFERGUS, BT38 8SU

Tel: 07547399533. Email: treasurer@ulsterwoodturning.co.uk

¹*This is someone over 18 (under 18's allowed in FOC, BUT must be accompanied by an Adult)*

²*This is Husband/Wife or Co-habiting partners*