Conewago Carvers Membership Application

Type of Membership:	Individual	Family Membership
Name:		
Spouse's Name:		
Address:		City:
State:		Zip Code:
Phone ()		Email:
What are your carving inte	erests?	
What is your current carving Professional ()	ng level? Beginner ()	Novice () Intermediate () Advanced ()
Community Center. In add	dition, carvers meet at 6	nonth at 2:00 pm at the East Berlin 6:30 pm each Tuesday night for a carving a regular basis for all levels of carvers.
_	are \$20.00 per year and	which includes a monthly newsletter. covers non-carving and carving family r Family Membership.
Make checks payable to C Joan Hiser 314 Enola Rd Carlisle Pa. 17013	onewago Carvers. Retu	arn this form and check to: