

LAKE OF THE OZARKS WOODCARVERS CLUB

MEMBERSHIP RENEWAL FORM

Please fill in all information legibly.

NAME \_\_\_\_\_ YEAR \_\_\_\_\_

NEWSLETTER DELIVERY METHOD? MAIL \_\_\_\_\_ or E-MAIL \_\_\_\_\_ (E-MAIL IS PREFERRED)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

MEMBERSHIP (\$20.00) \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_

DATE \_\_\_\_\_

MAIL WITH YOUR PAYMENT TO: LAKE OF THE OZARKS WOODCARVERS, P.O. BOX 1372, CAMDENTON,  
MO. 65020