

Join the Florida Knifemakers Association

FKA APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE : _____ ZIP CODE _____

PHONE & E-mail _____

PERSONAL INFORMATION

1. DATE FIRST KNIFE SOLD: _____
2. NUMBER OF KNIFE SHOWS YOU ATTEND IN A YEAR: _____
3. ARE YOU A FULL-TIME MAKER _____ OR A PART-TIME MAKER _____

TYPE of MEMBERSHIP YOU ARE APPLYING FOR:

1. VOTING MEMBER: _____ { Florida resident and active custom knifemaker }
2. NON-VOTING MEMBER: _____ { Non-Florida resident knifemaker }
3. ASSOCIATE MEMBER: _____ { Anyone interested in the craft of knife making }

Please forward your application with a non-refundable \$50.00 annual fee to:

John H. Davis at 33842 Picciola Dr. Fruitland Park, FL. 34731

Please make checks payable to the Florida Knifemakers' Association.
A copy of the by-laws will be sent to you.

For more information contact John H. Davis at (209) 740-7125,
Email: Johndavis@custom-knifemaker.com