

Please complete and mail **by April 1st** with your check payable to AZ Watercolor Association

Arizona Watercolor Association

Application for Membership

Date: _____ Member Status: New _____ Renewing _____

Name: _____

Email: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Website: _____

Circle your current honors status:

Juried Coatimundi Royal Scorpion AWA Signature

AWA Silver Signature AWA Gold Signature Life Member WFS Signature AWS Signature NWS Signature

Please enter amounts that apply:

Annual Membership Dues	(\$45.00)	\$ _____
Spouse Membership Dues	(\$5.00)	\$ _____
Printed Member Directory	(\$9.00)	\$ _____
Mailed Newsletters	(\$6.00)	\$ _____
Optional Donations (Please enter amounts): National Show		\$ _____
Scholarship Fund		\$ _____
General Fund		\$ _____
WFWS (Western Fed)		\$ _____
Late Fee (Payments after May 31)		\$ _____

Mail Application with your check to:

Arizona Watercolor Association
Attn: Membership Director
PO Box 30693
Phoenix, AZ 85046

Total Amount \$ _____ Check # _____

Is there someone who introduced you to AWA? _____

I am interested in serving full or part time (please check one or more areas of interest):

ACCOUNTING _____, BOARD MEMBER _____, COMMITTEE/CHAIR _____,
COMPUTER _____, DATA INPUT _____, DEMOS _____, EXHIBITIONS _____,
NEWSLETTER _____, ORIENTATION _____, PHOTOGRAPHY _____,
PUBLICITY _____, REFRESHMENTS _____, SCHOLARSHIP _____,
TECHNICAL _____, TELEPHONE _____, WORKSHOPS _____

*Members paying after May 31st will not be included in the following year's Member Directory unless special arrangements have been made. Check with the Membership Director listed above for more information.

www.azwatercolor.com