

Please complete and mail this form to the address below with your check payable to AZ Watercolor Association

# Arizona Watercolor Association

## Application for Membership 2016-17

Date: \_\_\_\_\_ Member Status: New \_\_\_\_\_ Renewing \_\_\_\_\_ Check if change in contact info

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Website: \_\_\_\_\_

Membership Fees and Donations (please enter amounts paid in "Amount Paid" column.)

Annual Membership Fees:	Amount Due	Enter Amount Paid
Annual Membership Dues	\$45.00	\$ _____
Spouse Membership Dues	\$5.00	\$ _____
Mailed Newsletter	\$9.00	\$ _____
Late Fee (Renewals after May 31, 2016)	\$10.00	\$ _____
<b>Donations:</b>		
National Show	Optional	\$ _____
Scholarship Fund	Optional	\$ _____
General Fund	Optional	\$ _____
WFWS (Western Fed)	Optional	\$ _____
<b>Total Amount Paid:</b>		\$ _____
<b>Check Number:</b>		_____
<b>PayPal Transaction #</b>		_____

If you are a NEW member, 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 \_\_\_\_\_

[www.azwatercolor.com](http://www.azwatercolor.com)

**Mail Application to:**

**AWA Membership  
P.O. Box 30693  
Phoenix, AZ 85046**

**Contact: Sally Gonzalez  
Phone: 480-683-1933  
Email: [awamembership@azwatercolor.com](mailto:awamembership@azwatercolor.com)**