

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 Submitted: _____

Membership Application Type: New___ Renewal___

If you are a NEW member, is there someone who introduced you to AWA? _____

Member Contact Information

Check here if change in contact info

	Member	Spouse <i>(If paying Spouse Membership Dues)</i>
Name:		
Address: <i>(Street, City, State, Zip)</i>		
Home Phone:		
Cell Phone:		
Email Address:		
Website:		

Membership Fees and Donations (Please enter amounts in "Amount Paid" column and total in "Total Amount Paid".)

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

Mail Application and Check to:

AWA Membership
29417 N. 136th St.
Scottsdale, AZ 85262

AWA Membership Information Contact:

Name: Sally Gonzalez
Email: azwatercolormembership@gmail.com
Phone: 480-683-1933
Website: www.azwatercolor.com