

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

Arizona Watercolor Association

Application for Membership 2019-20

Date Submitted: _____ Membership Application type: New _____ Renewal _____

Name: _____

Email: _____

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

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

Website: _____

Spouse Name if Paying Membership Dues: _____

Membership Fees and Donations: (Please enter amounts in Amount Paid and Total in Total Amount Paid)

	Annual Membership Dues	(\$45.00)	\$ _____
	Late Fee (Renewals after May 31, 2019)	(\$15.00)	\$ _____
<i>Optional</i>	Spouse Membership Dues	(\$5.00)	\$ _____
<i>Optional</i>	Mailed Newsletters	(\$9.00)	\$ _____
Optional Donations	(Please enter amounts):		
	National Show		\$ _____
	Scholarship Fund		\$ _____
	General Fund		\$ _____
	WFWS (Western Fed)		\$ _____
	Community Outreach		\$ _____
	Total Amount		\$ _____

Cash Check # _____

www.azwatercolor.com

AWA Membership Information Contact:

Name: Diane Harrison
Email: azwatercolormembership@gmail.com
Phone: 480-510-7146
Website: www.azwatercolor.com

**Mail Application and check payable to
AZ Watercolor Association to:**

**AWA Membership
1421 S. Oakley Place
Tempe, AZ 85281**