

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	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	\$ _____
Donations:		
National Show	Optional	\$ _____
Scholarship Fund	Optional	\$ _____
General Fund	Optional	\$ _____
WFWS (Western Fed)	Optional	\$ _____
Total Amount Paid:		\$ _____
Check Number:		_____

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

Mail Application to:

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

**Contact: Sally Gonzalez
Phone: 480-683-1933
Email: azwatercolormembership@gmail.com**