

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 \_\_\_\_\_

Please Check if contact information has changed below (name, email, address, phone, website) \_\_\_\_\_

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	<b>(\$45.00)</b>	\$ _____
<i>Optional</i>	Spouse Membership Dues	<b>(\$5.00)</b>	\$ _____
<i>Optional</i>	Mailed Newsletters	<b>(\$9.00)</b>	\$ _____
<b>Optional Donations</b>	(Please enter amounts):		
	National Show		\$ _____
	Scholarship Fund		\$ _____
	General Fund		\$ _____
	WFWS (Western Fed)		\$ _____
	Community Outreach		\$ _____
	<b>Total Amount</b>		\$ _____

Cash  Check # \_\_\_\_\_

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

**AWA Membership Information Contact:**

Name: \_\_\_\_\_  
Email: [azwatercolormembership@gmail.com](mailto:azwatercolormembership@gmail.com)  
Phone: \_\_\_\_\_  
Website: [www.azwatercolor.com](http://www.azwatercolor.com)

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

**AWA Membership  
P.O. Box 38693  
Phoenix, Az. 85046**