

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

Arizona Watercolor Association

Application for Membership 2020 – 2021*

*Membership covers activities through December 2021

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: _____

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

	Annual Membership Dues	(\$50.00)	\$ _____
<i>Optional</i>	Mailed Newsletters	(\$9.00)	\$ _____
Optional Donations	(Please enter amounts):		
	Scholarship Fund		\$ _____
	General Fund		\$ _____
	WFWS (Western Fed)		\$ _____
	Community Outreach		\$ _____
	Total Amount		\$ _____

Credit Card (at meeting only) Cash Check # _____

www.azwatercolor.com

AWA Membership Information Contact:

Name: _____
Email: azwatercolormembership@gmail.com
Phone: _____
Website: www.azwatercolor.com

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

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