

SWWS Watercolor Society Membership Application

Name _____

Address _____

City _____ State _____

County _____ Zip Code _____

Email _____

Phone _____

Membership Due: \$32 per year (Associate Member)

Amount enclosed \$_____ *No cash please through the mail*

I am applying for Associate Membership. I understand that to become a juried member, my artwork must be submitted and approved by SWWS Jury Committee.

Signature _____

Mail application and dues to:

SWWS Watercolor Society
P.O. Box 2876
Vancouver, WA 98668-2876