Wisconsin Watercolor Society

MEMBERSHIP APPLICATION

Please read the Membership Application Guidelines carefully

DATE _____

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____-_____

E-MAIL ADDRESS _____

WEBSITE ADDRESS _____

STATEMENT OF INTENT: (What do you expect to accomplish through your painting activity?)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____