

Central Florida Watercolor Society Member Information

*Date: _____

Name:

*First - _____ *Last - _____

Mailing Address:

*Street - _____

*City - _____

*State - _____ *Zip Code - _____

Contact Info:

*E-Mail - _____

*Mobile Phone - _____ *Home Phone - _____

Other Info:

*Website - _____

*Interest in Volunteer Opportunities? (Check all that apply) 50/50 Drawing

Meeting Setup/Cleanup Hospitality Librarian Newsletter Website

Art Projects Photos/Videos Workshop Holiday Party Other? _____

*Are you willing to be an Instructor? – Plein Air Pop-Up Demonstration

Instructor Notes - _____

*Skills & Background (e.g., writing, teaching, accounting, video, photography):

CFWS Membership Info:

Date Dues Paid (Month/Year) - _____

Returning or New CFWS Member? (Circle one CFWS member type)

CFWS Board Position? - _____

Special Membership Status (e.g., Honorary, Life) - _____