



MEMBERSHIP APPLICATION FORM

Thank you for interest in CFWS. Please complete the form and mail it with your check for your annual dues (\$40 per year) to CFWS Membership Chairman, P.O.Box 941512, Maitland, FL 32794-1512

Make your check payable to: Central Florida Watercolor Society.

You will receive a confirmation by email. A member directory and membership card will be available for you to pick up at the next scheduled CFWS member meeting.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED PHONE: _____ OTHER PHONE: _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____