

# MWS Membership Application

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Cell # \_\_\_\_\_

Check one of the following:

- 1. Share my email in the MWS Directory only
- 2. Share my email in the MWS Directory & with our sponsors
- 3. **Do Not** share my email with anyone (if left blank #1 will be used)

Dues:

- Individual (E) Receive e-newsletter & correspondence .....\$45  
*must provide valid email address*
- Teacher (with ID) .....\$25  
*Discount is for first year only*
- Student (full time with ID).....\$10

For more information contact Membership:  
[membership@miamiwatercolor.org](mailto:membership@miamiwatercolor.org)

I would like to share the following talents with MWS:

- |   |  |
|---|--|
| <input type="checkbox"/> Grant Program    | <input type="checkbox"/> Publicity               |
| <input type="checkbox"/> Hospitality      | <input type="checkbox"/> Senior Program          |
| <input type="checkbox"/> Historian        | <input type="checkbox"/> Student/Teacher Program |
| <input type="checkbox"/> Sunshine         | <input type="checkbox"/> Other Talents:          |
| <input type="checkbox"/> List Coordinator |  |
| <input type="checkbox"/> Newsletter       |  |

Please send check, payable to MWS to:

Miami Watercolor Society  
P.O. Box 561953  
Miami, FL 33256-1953