

Niagara Frontier Watercolor Society Membership Form

I wish to become a member or NFWS or renew my membership.

Name: _____ Date: _____

Address: _____

City: _____ State/Province: ____ Zipcode: _____

E-mail: _____

Home Telephone: _____ Cell Phone: _____

Website or Blog: _____

Note: Signature member status is achieved if you have been accepted in 2 NFWS shows. Signature member status is maintained only if you renew your membership each year. If you are newly eligible for signature membership, please enclose proof of acceptance in 2 shows with your membership dues.

Enclosed are my annual dues of \$35. Check#: _____
(payable to NFWS)

or

Enclosed are my full-time student annual dues of \$20. Check# _____
(payable to NFWS)

or

I have paid my membership dues through the PayPal option. _____

Mail to: Marty Kutas, Membership Chair
25 Marvin Court
Hamburg, NY 14075