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 $45. 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 Stripe option._____

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