

SAINT LOUIS WATERCOLOR SOCIETY

MEMBERSHIP APPLICATION

Please print this form, complete, and send with your \$35 check to:

Saint Louis Watercolor Society

P.O. Box 16893

St. Louis, MO 63105

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Email: _____

Website: _____

We invite you to indicate your preferences for volunteer work

Exhibits

Newsletter

Publicity

SLWS Board

Hospitality

Workshops

Programs/Demos

Do you teach watercolor classes?

Yes No

Do you want to "Go Green" and view our quarterly newsletter on our web site rather than receive a hard copy in the mail?

Yes No