



# West Virginia Watercolor Society Membership Application

Please type or Print Legibly

Name \_\_\_\_\_

Address \_\_\_\_\_

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

County \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

Please include a check for \$30.00 / one year dues made out to West Virginia Watercolor Society (WVWS).

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Mail completed form and dues to:

**Jeanne Brenneman**  
**Rt 2 Box 173A**  
**Lewisburg, WV 24901**