

**Membership Application**

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| --- | --- | --- |
| NAME |  | |
| ADDRESS |  | |
| CITY  STATE  ZIP |  | |
| EMAIL |  | |
| PHONE  CELL PHONE |  | |
| WEBSITE |  | |
| **ALTERNATE ADDRESS** *DATES: FROM TO* | |
| ADDRESS |  | |
| CITY  STATE  ZIP |  | |
| PHONE |  | |
|  |  | |
|  | CHECK HERE if you would like to be contacted to participate with FSWS. | |
|  | CHECK HERE if you teach watercolor painting | |

*Please mail this form with your check for $35 made payable to FSWS to: Kim Peterson, FSWS, 5317 Fruitville Road, #54, Sarasota, FL 34232*