

**Membership Application**

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| NAME |  |
| ADDRESS |  |
| CITYSTATEZIP |  |
| EMAIL |  |
| PHONECELL PHONE |  |
| WEBSITE |  |
| **ALTERNATE ADDRESS** *DATES: FROM TO* |
| ADDRESS |  |
| CITYSTATEZIP |  |
| 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*