



Central New York Watercolor Society

Application for Associate Membership

Name _____ Date _____
Street _____
City _____ State _____ Zip _____
Telephone _____
E-mail _____

Please indicate your preference:

_____ I am willing to view and /or download from the CNYWS Website newsletters, application forms, and other communications.

_____ I prefer to have hard copies mailed to me.

Dues for Associate Members are presently set at \$15.00 annually.
Please complete this form and send it with your check to:

**Jane G. Taylor
1511 N. George St.
Rome, NY 13440**

Associate Members will receive our newsletter twice a year. They may enter work in the Annual Juried Show and are encouraged to serve on committees, the Board of Directors and attend all meetings and workshops.