

**HAWAII WATERCOLOR SOCIETY
MEMBERSHIP INFORMATION**

Name _____ Date _____

Professional Name (if applicable) _____

Address _____ Phone (home) _____

City, State _____ Zip _____ (office) _____

E-mail _____

Secondary Address

(If you are a part-time Hawaii resident, please indicate dates applicable.)

Address _____ Dates _____

City, State _____ Zip _____ Phone _____

The Hawaii Watercolor Society has members at all levels of expertise. To help us in structuring future programs and activities, it is helpful to know a little about our members. In a few words, tell us about your art background and experience. This information may be included in our newsletter.

Are you computer literate? Other special skills? _____

Upon receipt of this form and your check, we will send you a membership card, roster, and newsletter. Mail your completed application and enclose a check for \$35 for yearly dues (foreign, \$45) to: Hawaii Watercolor Society, 1159 Nuuanu Avenue, Honolulu HI 96817.