

## Membership

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you an instructor? \_\_\_\_\_ Where/what \_\_\_\_\_

\_\_\_\_\_

Yearly dues are \$35.

Scholarship Fund Donation (optional): \$ \_\_\_\_\_

Send to  
Green Country Watercolor Society  
PO Box 140426  
Broken Arrow, Ok 74014