## Application for Associate Membership

Name:			
Address:			
City:	State/Prov	Z	ip Codedigit zip code if possible
Country:	Best telephone #		
Email:	Website:		
Please check below:			
Enclosed is \$45.0	0 check as mv annual du	es which cover the	fiscal year June1-May 31st
	ortance of contributing the following activities.	o the Northwest Wa	atercolor Society.
		o the Northwest Wa	atercolor Society Exhibitions
Call me to assist with t	the following activities.		Exhibitions
Call me to assist with t	the following activities. Historian	Website	ExhibitionsRecording Secretary
Call me to assist with tProgramsVisual Librarian	the following activities. Historian Catalogues	WebsiteWorkshops	ExhibitionsRecording Secretary
Call me to assist with tProgramsVisual LibrarianGrant Writing	the following activities. Historian Catalogues Newsletter	WebsiteWorkshopsCorresponding	ExhibitionsRecording Secretary g Secretary
Call me to assist with tProgramsVisual LibrarianGrant WritingHospitalityVolunteer Coordination	the following activities. Historian Catalogues Newsletter Membership Social Media	WebsiteWorkshopsCorrespondinTreasurerCommunity	ExhibitionsRecording Secretary g SecretaryPublicity
Call me to assist with tProgramsVisual LibrarianGrant WritingHospitalityVolunteer	the following activities. Historian Catalogues Newsletter Membership Social Media  skills:	WebsiteWorkshopsCorrespondinTreasurerCommunity	ExhibitionsRecording Secretary g SecretaryPublicity