



Williamsville Art Society

New Membership Form

New Member: _____ **Date:** _____

Name: _____

Address: _____

City/Zip: _____

Phone/Alternate: _____/_____

Email (Please Print): _____

Medium (s) of Interest: _____

Please circle two (2) areas in which you would be interested in assisting:

Hospitality	Technology	Elected Office
Publicity	Webmaster	Committee Chair
Newsletter	Show Committee	Program Scheduling

Membership Dues

Annual Dues:	\$30.00	\$30.00
OPTIONAL:		
On-line Featured Artist (Note:	This is NOT for Show Entry)	
1 Painting	\$15.00	_____
2-4 Paintings	\$30.00	_____
5-8 Paintings	\$50.00	_____
TOTAL:		\$ _____

Please make your check or money order payable to:

Williamsville Art Society

Mail your check with this form to:

WAS Membership
 C/O Paulette Crooke
 22 Lanoche Court
 Williamsville, NY 14221

*Thank you for your interest and support of the Williamsville Art Society.
 Be sure to visit www.williamsvilleartsociety.com*