



**Memberships**

Individual \$50. \_\_\_\_\_  
Youth/Student (under 18 or in college) \$10. \_\_\_\_\_  
Donate to the Scholarship Fund (optional - any amount) \_\_\_\_\_  
Total \$ \_\_\_\_\_

**Please mail this completed form and your check/money order to:  
Wellington Art Society Inc.  
P.O. Box 212943  
Royal Palm Beach, FL 33421-2943**

**Member Information**

(For adult *Individual* or solo *Youth* membership)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_  
Email \_\_\_\_\_ Website \_\_\_\_\_  
Medium(s) \_\_\_\_\_ Birthday (m/d) \_\_\_\_\_

For WAS use only:

Date Joined/Renewed \_\_\_\_\_ Next Renewal date \_\_\_\_\_  
Amount Paid \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Method of Payment \_\_\_\_\_

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