



Memberships

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

Please mail this 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 Nos H _____ C _____ W _____

Email _____ **Website** _____

Medium(s) _____ **Birthday (m/d)** _____

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