MEMBERSHIP APPLICATION



Please mail this completed form with your check/money order to:

Wellington Art Society, Inc. Suite 470 12833 Wellington Trace E4 Wellington, FL 33414

Note: Credit / Debit cards are accepted at meetings for payments.

□ PENE	WAL T NEW WEMBER ARTIST N.	AME
	WAL E REW MEMBER ARTIOT IN	
		Zip
		Work
EmailWebsite		
MEMBERSH	ilP:	MEMBERSHIP INFORMATION
☐ Active Individual Artist \$60		Membership and fiscal years extend from July 1 st thru June 30 th
Date of B	Student \$10 (Under 18 or in college) irth School	 Dues paid on or after April 30th will be extended thru the following year for new members Annual Renewal payments are due no
□ Donation to the Scholarship Fund (optional)		later than September 30 th
Donation amount \$		Exhibiting members are expected to attend Artist Receptions for the shows
TOTAL PAID: \$		 Members are encouraged to attend monthly member meetings on the 2nd Wednesday of each month September thru May and WAS Artist Receptions
I AM INTER	ESTED IN VOLUNTEERING ON THE F	FOLLOWING COMMITTEES:
		☐ Events ☐ Exhibitions ☐ Fundraising ☐ Newsletter ☐ Meetings/Programs/Demos
Message:		
Av	**************************************	***
REGISTRATION # (
WAS USE:		Circle one Membership Good Thru 6/30: 2023 2024 2025
		Payment Method: