



Brevard Watercolor Society

New Member & Renewal Application

P.O. BOX 361076, Melbourne, FL 32936

www.brevardwatercolorssociety.org

As a Brevard Watercolor Society Member, you will enjoy the following benefits and more:

- Website actively updated with all BWS news, upcoming events, artist opportunities and your website link option
- Quarterly BWS Newsletter Opportunity to enter your artwork in Splash of Watercolor, our popular annual juried show
- Free watercolor demos by renowned artists • Entry in MIWA/BWS annual juried show • Weekly email event updates and BWS invitations • Exhibiting options available • Affordable rates for acclaimed guest artist workshops • Plein air group and painting jaunts • Free admission to exciting mini-workshops (your guests are welcome to attend demos for a fee of \$5.00)
- Invitations to BWS trips and social functions • Opportunity to meet fellow artists and art enthusiasts • Introducing the next generation of artists to watercolor as a medium through volunteering with our local programs.

New Membership Application () Renewal Application () Please Print

First and Last Name _____
 Street _____ Unit _____ City _____ State _____ Zip _____
 Phone _____ Email _____ Website _____
 I was referred to BWS by _____ Interested in volunteering? Yes () No ()
 My Skills/Interests _____

Annual dues are scheduled on a calendar basis, payable on or before January 1 of each year and are delinquent by February 1st or after the Splash entry deadline. Later payments will be posted to the current year and will not be prorated. Dues are \$45.00 per year, family \$50.00 per year, and student (18 years of age or older with current student I.D.) \$25.00 per year, payable January 1st. Dues will be delinquent on February 1st. **NEW** members joining after June 30th shall pay \$25 for the balance of the year.

- I am **applying** for a **NEW** BWS membership in the **period January 1st to June 30th (expires on December 31st)**. \$45 for Individual membership _____ \$50 for Family membership _____
- I am applying for a **NEW** BWS membership in the **period July 1st to December 31st (expires on December 31st)**. \$25 for Individual _____
- I am applying for **RENEWAL** of my BWS membership (**expires on December 31st**). \$45 Individual membership _____ \$50 Family Membership _____
- Student Membership at \$25 per year. _____ (I will produce my current Student ID when requested)
- I wish to receive the quarterly BWS Newsletter in the **mail** (\$5.00 extra fee).
- **Total \$** _____
- I am paying in cash _____ (Cash only accepted at BWS meetings) Please complete this form.
- I am paying with check # _____ payable to BWS, P.O. Box 361076, Melbourne, FL 32936-1076. You can either mail it or give to a BWS officer in meetings. Please enclose this completed form.
- I am paying with a credit card or debit card via PayPal from the BWS Website _____

Direct membership questions to Pat Bowlds, VP of Membership. pbowlds@gmail.com or Barbara Rios barbrios@bellsouth.net

I, the undersigned, do hereby give Brevard Watercolor Society (also known as BWS) their assigns, licensees, successors in interest, legal representatives and heirs the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. I give Brevard Watercolor Society (BWS) the right to keep my personal contact information including, but not limited to, the data provided on this application form, on a membership system. I agree to have my first name, last name, home phone number, and email listed in the BWS directory. I accept full responsibility for keeping my information current with BWS and release BWS from any/or all damages that may incur as a result.

I have read the above release, am fully familiar with its contents and am 18 years of age or older ()

Signature _____ **Date** _____

08/26/2019