



WILLIAMSVILLE ART SOCIETY MEMBERSHIP FORM

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____ CELL: _____

EMAIL: _____

EMERGENCY CONTACT : NAME: _____ NUMBER: _____

PLEASE CIRCLE TWO (2) AREAS IN WHICH YOU WOULD LIKE TO HELP OUT IN.

Hospitality	Technology	Show Committee	Newsletter
Program Scheduling	Elected Office	Publicity	Webmaster

ANNUAL MEMBERSHIP DUES \$30

OPTIONAL: ON-LINE FEATURED ARTIST ON WEBSITE (THIS IS NOT FOR SHOW ENTRY)

1 PAINTING \$ 15 _____

2-4 PAINTINGS \$ 30 _____

5-8 PAINTINGS \$ 50 _____

Total \$ _____

ANNUAL DUES ARE DUE BY SEPTEMBER 30. PLEASE MAKE CHECK OR MONEY
ORDER PAYABLE TO:

WAS MEMBERSHIP
C/O BEVERLY AMBORSKI
4477 ARONDALE DR
WILLIAMSVILLE, NY 14221

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