

SIGNATURE MEMBERSHIP APPLICATION

Applicants Name:			
Address:			
Address:			
City, State, Zip Code:			
Phone (Home)			
Phone (Mobile)		<u>-</u>	
Email:			
uried shows of the NVWS. Tacceptance in the three shown otified by letter of this form newsletter. Only Signature matercolor painting.	ws to the Member nal acceptance an nembers may use	ship Chairman. Appl d they will be annou	icants will be nced in the hen signing a
, following three juried shows Membership.			
SHOW (Spring, Fall, Other)	YEAR	TITLE OF PAINT	ING
			
Applicant's Signature:		Date: _	

Return Application to: