



PIKES PEAK
Watercolor
SOCIETY FORM

ANNUAL MEMBERSHIP

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ 2nd Telephone: _____

Email Address: _____ Website: _____

Information from this form will be published in a PPWS membership directory and shared within PPWS. Membership names and websites may be added to the PPWS website to help promote your art.

Annual Membership Dues \$35 - Membership dues and form are due by September 1st of each year.
Unpaid dues are considered delinquent as of September 30th. Charter members shall pay no annual dues. Associate members joining for the first time after May 31st will not be required to pay dues again until September 1st of the following year. Note: with 2010 changes to the bylaws there is no longer an "Inactive Signature Member" status.

\$ _____ Total amount of enclosed check (made payable to PPWS)

I understand the Pikes Peak Watercolor Society expects its artist members to show a personal direction, professional presentation, developed skill and originality in watercolor painting, defined as painting in water-soluble media. I agree to actively participate and work collectively towards the goals set by the Pikes Peak Watercolor Society.

My interests/possible contributions for the coming year (please select 3 or 4).

- | | |
|--|--|
| <input type="checkbox"/> Awards (soliciting from art supply vendors) | <input type="checkbox"/> Prospectus Design & Print |
| <input type="checkbox"/> Bulk Mailings | <input type="checkbox"/> Correspondence (thank you, etc) |
| <input type="checkbox"/> Host or Chef a Meeting | <input type="checkbox"/> Ship/Receive Artwork Entries |
| <input type="checkbox"/> Intake, Hanging & Takedown Exhibits | <input type="checkbox"/> Telephone Tree |
| <input type="checkbox"/> Invitation Design & Printing | <input type="checkbox"/> Workshop Volunteer |
| <input type="checkbox"/> Opening Receptions (food, music, etc.) | <input type="checkbox"/> Produce Bios, Title Cards, etc |
| <input type="checkbox"/> Marketing Committee | <input type="checkbox"/> Show Catalog Production |
| <input type="checkbox"/> Program Committee | <input type="checkbox"/> PPWS Archives Committee |
| <input type="checkbox"/> Nametags | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Other _____ | |

Please list any office or committee chair position you currently hold that you will be willing to continue in this coming year: _____

Please complete this form and mail it with your check (made payable to PPWS) to:

Mary Gorman
927 Skyway Blvd
Colorado Springs, CO 80905