SOUTHERN COLORADO WATERCOLOR SOCIETY MEMBERSHIP RENEWAL/CHANGE

() Renew Membership () Change Information	
Name:	Date:
Address:	
City:	State:Zip:
Phone:Home	Cell
Work	
E-mail:	
Send completed appl amount of \$35.00 to	ication along with a check in the :
Southern Colorad	do Watercolor Society
Attn: Treasurer	
P.O. Box 2025	
Canon City CO 81215-2025	

 $\label{eq:membership} \mbox{Membership is for one year -} \\ \mbox{July 1^{st} through June 30^{th} of the following year} \\$