



MEMBERSHIP FORM

PLEASE PRINT CLEARLY:

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

(Must provide a valid website address to be included in the listing.)

- I am an *Artist*, please list my website link on the GCWS Website Members Page.
- I am an *Art Instructor*, please list my website link on the GCWS Teaching Members Page.

CELL #: _____ HOME #: _____

PLEASE CHECK ONE:

- NEW MEMBER
- RENEWING MEMBER

DUES (Please check one):

MEMBERSHIP CHAIR TO RECEIVE BY NOVEMBER 15

- INDIVIDUAL \$45.00
- FULL TIME STUDENT FREE

To Receive Your MEMBERSHIP IDENTIFICATION CARD:

Please make checks payable to GCWS

Mail this form, check and POSTAGE PAID SELF-ADDRESSED ENVELOPE to:

GCWS Membership
1350 E Sunrise Blvd, Ste. 113
Fort Lauderdale, FL 33304

IMPORTANT INFORMATION:

- Points earned toward signature membership status will expire, if you do not renew.
- Discounts available at some GCWS Partners.