

BROOKLYN Watercolor SOCIETY MEMBERSHIP APPLICATION

First Name Last Name

Address

City State Zip

Telephone Fax

E-Mail Web URL

AGE GROUP: Under 30 31-40 41-50 51-60 Over 60

BROOKLYN AFFILIATION (check any that apply)

- Born in Brooklyn Raised in Brooklyn Working in Brooklyn Living in Brooklyn

ART EDUCATION (Schools, Teachers)

Four horizontal lines for text entry.

PROFESSIONAL OR BUSINESS BACKGROUND (Companies & Dates)

Two horizontal lines for text entry.

ART ORGANIZATION AFFILIATIONS (include dates)

Four horizontal lines for text entry.

**PREVIOUS EXHIBITIONS & JURIED SHOWS — indicate Solo (S), Group (G), or Club (C)**

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**COLLECTIONS (Public or Private)**

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**CURRENT ACTIVITY (Schools, Teachers)**

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**Print this form, complete it and mail it or Fax it to:**

Ellen Hoyt  
Membership Secretary  
1551 East 29th Street  
Brooklyn, NY 11229

FAX: 212-637-4949