



FLORIDA KEYS WATERCOLOR SOCIETY

NEW MEMBER APPLICATION

Legal Name

Preferred Name

Permanent Address (or Local Address if Seasonal Resident)

City

State

ZIP Code

Phone Number

Email

Membership Fee and Mailing Instructions

Please make checks for \$30.00 payable to THE FLORIDA KEYS WATERCOLOR SOCIETY. Mail to:

FKWCS Treasurer

516 Avenida Primiceria

Marathon, FL 33050

For questions about membership or assistance with your application, please contact the FKWCS Membership Chairperson at paint@fkwcs.com.

☐ I agree to receive email reminders when membership fees are due.

Indemnity Agreement

I understand the need and requirement for the Florida Keys Watercolor Society (a.k.a. FKWCS) to require a release of liability for all its members and participants. In consideration of the right to participate in activities offered by the FKWCS or any of its leaders, directors, officers, instructors, or members, I hereby agree to RELEASE, INDEMNIFY and HOLD HARMLESS the FKWCS, its leaders, directors, officers, instructors and members from any loss or damage suffered by myself or any family member or guest that I bring to a FKWCS activity or event. This signed agreement will be held in the Membership Records of the FKWCS.

Signature: _____

Date: _____