



Williamsville Art Society

2026 Membership Renewal

Member Information

Date: _____ Contact information changed? Yes _____ No _____

Name: _____

Address: _____

Cell Phone: _____

Email: _____

☐ I **cannot** receive future WAS information (shows, membership) by email. I have included the **\$10.00 Mail Handling Fee** with my membership dues. Contact Bev Amborski (716-291-9219)

☐ I have **not yet received** a name tag.

Emergency Contact

Name: _____ Phone: _____

Membership Dues

Item	Fee	Amount Enclosed
Annual Dues	\$40.00	\$40.00
Mail Handling Fee <i>(if applicable — see box above)</i>	\$10.00	_____
Optional: Online Featured Artist <i>(this is not for show entry)</i>		
1 Painting	\$15.00	_____
2–4 Paintings	\$30.00	_____
5–8 Paintings	\$50.00	_____
TOTAL ENCLOSED		\$ _____

Please make your check or money order payable to:

Williamsville Art Society

Mail this form and payment to:

WAS Membership
c/o Beverly Amborski
4477 Arondale Dr
Williamsville, NY 14221

Thank you for your interest and support of the Williamsville Art Society — it's great to have you back!
Visit us at www.williamsvilleartsociety.org