

Verification of Artists Qualified for WFWS Signature Membership

If you have been accepted into three (3) WFWS Exhibitions, you have now qualified for WFWS Signature Membership. Acceptances may have been under more than one WFWS society if you have moved or changed society affiliation. This form is to verify your qualification for Signature Membership.

PLEASE PRINT INFORMATION

First & Last Name _____

Your full name as you wish it to appear on the certificate

Mailing Address _____

City, State & Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Your Current WFWS Society _____

Accepted Painting #1

Year _____ Title _____

Hosted Society of Exhibition _____

Accepted Painting #2

Year _____ Title _____

Hosted Society of Exhibition _____

Accepted Painting #3

Year _____ Title _____

Hosted Society of Exhibition _____

