

# Membership Form and Permission to Use Images of Artwork

## Central Minnesota Watercolorists

While mostly watercolorists, this organization welcomes all artists regardless of medium(s) used or experience. DUES FOR NEW MEMBERS who join from January to June are \$25 for adults and \$15 for high school or college students. For both adults and students who join in July through December dues of \$2 per month will be prorated (for example; July joining fee = \$12, August=\$10, November=\$4, December=\$2). MEMBERS RENEWAL DUES are \$25 if paid before December 31st for the upcoming year; \$30 if paid after December 31st. Send dues to Ralph Carpenter, 3225 15th Ave S, St. Cloud, MN 56301. Newsletters are emailed to individual members and are also found on the website each month at [centralmnwatercolorists.org](http://centralmnwatercolorists.org). If you do not receive email contact the Secretary.

**Membership Form:** (Even if you are renewing, please complete the following section. It is helpful for checking the accuracy of our membership roster. Thanks.)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Your data will not be shared with any other entity.

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### Permission to Use Images of Artwork Form:

At various times, images of member's art are featured in the newsletter, on our website and in Facebook postings. As part of either a new or renewal membership, please complete the following:

I grant permission for use of images of my artwork in the following places (SELECT ANY OR ALL 3):

Newsletter       Website       Facebook

--OR--

I **DO NOT** grant permission for use of images of my artwork in the newsletter, on the website or in Facebook postings **unless I am contacted.**

--OR--

I **DO NOT** grant permission to use images of my work and **DO NOT wish to be contacted.**

### Permission for Virtual Exchanges and Sharing of Your Email Address:

Due to our experience with the Covid-19 outbreak, we formed virtual meeting groups. We ask that you indicate if we may share your email with other members for these virtual groups.

I grant permission to share my email address with other CMW members.

I **DO NOT** grant permission to share my email address with other CMW members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Permission applies to current year of membership only. You will need to complete a new form each calendar year.)