



**Can Wax West Chapter Member Application**

Date: \_\_\_\_\_  
(membership dues - renewal is October of each year)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Chapter Position: \_\_\_\_\_  
(if applicable)

Skill Level: Beginner \_\_\_\_\_, Intermediate \_\_\_\_\_, Advanced \_\_\_\_\_

Do you teach Encaustic? \_\_\_\_\_

Do you sell Encaustic products? \_\_\_\_\_

Would you like to volunteer? \_\_\_\_\_

Please send your \$20.00 annual membership fee to:

CanwaxWest  
C/O Penticton Arts Council  
220 Manor Park Drive  
Penticton, BC  
V0H 2R1