

ARKANSAS PASTEL SOCIETY MEMBERSHIP APPLICATION

(Please print legibly)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Web Site \_\_\_\_\_

New Member ( ) Renewal ( )

I am willing to serve:

\_\_\_as an officer, \_\_\_on a committee, \_\_\_help with a show,  
\_\_\_other

Signature \_\_\_\_\_

Mail completed form with annual membership fee of \$25 to:

**Arkansas Pastel Society  
Karen Jones, Membership Chairperson  
P.O. Box 1373  
Mountain Home, AR 72654**

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Check received by Chairperson:

Membership paid through: