

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
Anne Parat, Membership Chairperson
807 Shea Drive
Little Rock, Arkansas 72205**

Check received by Chairperson:

Membership paid through: