

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  
Lois Davis, Membership Chairperson  
1020 Angel Drive  
Alexander, AR 72002

\*\*\*\*\*

Check received by Chairperson:

Membership paid through: