

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
Gerry Delongchamp, Membership Chairperson
2417 Meadow Pond Trail
White Hall, AR 71602

Check received by Chairperson:

Membership paid through: