

ARKANSAS PASTEL SOCIETY
MEMBERSHIP FORM
(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

Optional To help us get to know you please attach a **brief** note about yourself, your art experience/interests, and what you hope your APS membership will do for you and your art.

May we use this information in the Welcome portion of the APS newsletter? _____

May we use this information on the APS website? _____

Signature _____

Mail completed form **with a check for annual membership fee of \$25 to:**

Arkansas Pastel Society
Ann Bleed, Membership Chairperson
18 Cove Creek Pt
Little Rock, AR 72211
e-mail: ann.s.bleed@gmail.com

Membership paid through: