ARKANSAS PASTEL SOCIETY

MEMBERSHIP FORM

(Please print legibly)

Name_____

Address_____

City _____State____ Zip_____

Phone (Home)_____ (Work)_____

(Cell) _____

E-mail _____

Web Site _____

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 _____

Please mail the completed form with a check for annual membership fee of **$35** to:
Arkansas Pastel Society Ann Bleed, Membership Chairperson 18 Cove Creek Pt Little Rock, AR 72211 e-mail: ann.s.bleed@gmail.com

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