

ARKANSAS PASTEL SOCIETY

MEMBERSHIP APPLICATION

(please print legibly)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

e-mail _____

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
Jo Magee, Membership Chairperson
125 Jones Lane
Mayflower, AR 72106

* * * * *

Check received by Chairperson:

Membership paid through: