



Membership Form 2017

Name:

Address:

City:

State:

ZIP:

Tel (Day)

Tel (Eve)

Cellphone

Email:

I am interested in volunteering to work on the following committee(s). (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Hanging (H) | <input type="checkbox"/> Publicity (PR) |
| <input type="checkbox"/> Receiving (R) | <input type="checkbox"/> Give a demonstration (D) |
| <input type="checkbox"/> Hospitality (HS) | <input type="checkbox"/> Plein Air (PA) |
| <input type="checkbox"/> Membership (M) | <input type="checkbox"/> Catalog (C) |
| <input type="checkbox"/> Program (P) | <input type="checkbox"/> Other (O) _____ |

Please mail this form and a check made out to:

Membership Category (please check one)
all memberships per calendar year:

- Artist \$35
 Signature \$45
 Signature & Website gallery \$75
**SIGNATURE MEMBERSHIP THROUGH
ELECTION BY CPS ONLY**

Connecticut Pastel Society

CPS Membership
P.O. Box 653
Bethel, CT 06801