



## Membership Form 2021

**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 153  
Weatogue, CT 06089