Connecticut Pastel Society

www.ctpastelsociety.org

CPS MEMBERSHIP FORM

Membership/renewal submission date: ____/____/_____

Name:

Address:

City/State/Zip:

Tel:

Cell:

Email:

I am interested in volunteering in the following areas (check all that apply):

____ Show Setup
____ Hospitality
____ Publicity/Social Media
____ Graphics/Publications

Membership Category (check one category):

____ Artist ($40/year) ____ Are you a new member?
____ Signature ($50/year)
____ Signature with gallery ($75/year)
*(Signature membership eligibility only through election by CPS)

Please mail this form to the address below and include a check made payable to CPS:

CPS Membership
Connecticut Pastel Society
PO Box 79090
Belmont, MA 02479