



Membership Form 2007

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone (Day): _____

Telephone (Evening): _____

Cell Phone: _____

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) _____ |

Membership Category (please check one):

- Artist (\$25)
- Signature (\$30)
- Signature + Website (\$60)

Please mail this form and a check made out to:

Connecticut Pastel Society

c/o John B. Conroy
Post Office Box 31295
Greenwich, CT 06831