



Membership Form 2012

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):

- Hanging (H)
- Receiving (R)
- Hospitality (HS)
- Membership (M)
- Program (P)
- Publicity (PR)
- Give a demonstration (D)
- Plein Air (PA)
- Catalog (C)
- Other (O) _____

Please mail this form and a check made out to:

Membership Category (please check one):

- Artist (\$25)**
- Signature (\$30)**
- Signature & Website (\$60)**

Connecticut Pastel Society

c/o Cindy Mazzaferro

P.O. Box 1342

Cheshire, CT 06410-1342