

**Lake Country Pastel Society
New Member/Renewal Information Form**

Name	_____
Address	_____
City, State, Zip	_____
Home Telephone	_____
Other Telephone	_____
Email	_____
Web Site	_____

I would be willing to download my bi-monthly newsletter from the website.

I would prefer to receive my bi-monthly newsletter in the mail.

Which are your specialties or preferences:

- | | | | |
|-----------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Abstract | <input type="checkbox"/> Portraits | <input type="checkbox"/> Still Life | <input type="checkbox"/> Landscape |
| <input type="checkbox"/> Realism | <input type="checkbox"/> Pets | <input type="checkbox"/> Action | <input type="checkbox"/> Other |

The success of our organization is dependent on member volunteers. Please check (✓) the areas that interest you and where your volunteer efforts can be channeled.

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Newsletter | Writing articles, getting ready for mailing |
| <input type="checkbox"/> Programs | Helping decide topics of meetings and activities |
| <input type="checkbox"/> Phoning | Calling members for reminders |
| <input type="checkbox"/> Exhibits | Helping with planning, finding space, setting up, refreshments, & hanging the show. |
| <input type="checkbox"/> Hospitality | Bringing refreshments, setting up coffee, etc. |
| <input type="checkbox"/> Publicity | Advertising, getting brochures out, soliciting donations from art supplies |
| <input type="checkbox"/> Workshops | Helping with planning and running workshops. |

Other Input (Meeting ideas, suggestions, etc.)

Please return this form along with your check for \$30 payable to the Lake Country Pastel Society, to Karen Stombaugh, LCPS Membership, 3563 Deephaven Ave., Deephaven, MN 55391