

SOUTHWEST FLORIDA PASTEL SOCIETY



Membership Application/Renewal (Please Print Clearly)

____ New Member
____ Renewal

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Cell _____ E-mail _____

Alternate Address _____

City _____ State _____ Zip _____

Phone _____

Membership Dues enclosed (***must be a separate check***) Check # _____

NOTE: Dues for the coming year are due by January 1st of each year. There will be a \$5.00 late fee for members paying dues after February 1. New members will pay \$35.00 at any time during the calendar year, however new members paying after November 1, will automatically extend membership through the following year. Please send this completed form along with your check to the address below.

Please make checks payable to: **Southwest Florida Pastel Society**

Mail this form and check to: **SWFPS Membership Chair
PO Box 110236
Naples, FL 34108**

I would like to learn more about _____

The name of my significant other is _____

Welcome!

We look forward to sharing the excitement of the Southwest Florida Pastel Society with you.

The success of our organization depends solely on member volunteers.

Visit our website: www.pastelsociety.org

A non profit 501 (c)(3) organization