

Signature Membership

Pastel Painters Society of Cape Cod

Name: _____

Address: _____

Town: _____

State /Zip code: _____

Email: _____

Website: _____

Phone/cell: _____ home: _____

Image #1 Title: _____

Image size: _____(H) _____(W)

Image #2 Title: _____

Image size: _____(H) _____(W)

Image #3 Title: _____

Image size: _____(H) _____(W)

Image #4 Title: _____

Image size: _____(H) _____(W)

Image #5 Title: _____

Image size: _____(H) _____(W)