



**CPSA Purpose:**

*To promote the stature and awareness of colored pencil art as a viable art form to all professional art establishments, organizations and the general public and to provide a forum for education, communication and recognition of colored pencil artists.*

**DC Chapter 107** appreciates your contribution to help us finance our bimonthly newsletter, and to further the CPSA Purpose in Atlanta and Georgia.

Up-to-date information about the **Colored Pencil Society of America** can be found on the internet at: [www.cpsa.org](http://www.cpsa.org)

**2006 Atlanta District Chapter 107 Contribution**



Mail this form and **\$15.00** check payable to:  
 Joan Gelblat  
 2176 Zelda Drive  
 Atlanta, GA 30345  
 770-491-8718

Please PRINT your name as you wish it to appear in the roster.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( \_\_\_\_\_ ) / \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone \_\_\_\_\_

New                     
  Renewal                     
  Change of Address

**CPSA NATIONAL MEMBERSHIP APPLICATION / RENEWAL**



Please print and return this form with your check payable to CPSA to:

**Cynthia Hease, Membership Director, 8156-E South Wadsworth BLVD, #184, Littleton, CO 80128**

Members must be 18 years or older.

Membership Dues: \$40/yr - U.S. Residents      \$45/yr - Non U.S. Residents (in U.S. funds)

Donations welcome. Any amount in excess of dues is considered a donation and used for CPSA general operating expenses.

<input type="checkbox"/> New member <input type="checkbox"/> Change my contact information. <input type="checkbox"/> I am interested in attending workshops. <input type="checkbox"/> I am an instructor of colored pencil workshops. <input type="checkbox"/> Please contact me about starting a chapter in my area. <input type="checkbox"/> Check here if you do NOT wish your name published in directory.	<b>Please Print</b>	
	Name: _____	
	Street Address: _____	
	City: _____	State: _____
	Zip/Postal Zone: _____	Country: _____
	Phone: _____	
	E-mail: _____	
	2nd (Vacation) Address: _____	
	City/State/Zip: _____	
	Start date (day/mo): _____	End date (day/mo): _____