

2014 New Member Application

Use this form if you are a **first-time member, or rejoining CPSA after a membership lapse.**



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| <p>Make check payable to CPSA and mail with completed form to:</p> <p>Ruth Arthur, Membership Director Colored Pencil Society of America P.O. Box 8638 • Long Beach, CA 90808-0638</p> | <p>2014 Membership Year: November 1, 2013, to October 31, 2014</p> | | |
| | <p>PRINT CLEARLY. Enter information exactly as you wish it to appear in the CPSA directory.</p> | | |
| <p>One-Year Dues (Applicable year-round without proration)</p> <p><input type="checkbox"/> \$45 U.S. and Canada (U.S. Funds)</p> <p><input type="checkbox"/> \$65 All Other Countries (U.S. Funds)</p> <p>Ten-Year Membership Option (U.S. and Canada only)</p> <p><input type="checkbox"/> \$400 membership through 2023 (U.S. Funds)</p> | <p>First Name (if desired, add middle name or initial)</p> | | |
| | <p>Last Name (for alphabetization purposes)</p> | | |
| <p><input type="checkbox"/> I am a new, first-time member, and learned about CPSA from this source:</p> <p>_____</p> <p><input type="checkbox"/> I am rejoining after a lapse in membership</p> <p><input type="checkbox"/> I am/will be a member of local CPSA District Chapter _____ (number or city)</p> <p>2014 CPSA Directory Listing Information</p> <p>All members will be listed in the 2014 directory. Complete listings include name, street/PO Box, city, state/province, country, phone, and email, as provided. For a partial listing, check the box below.</p> <p><input type="checkbox"/> Omit my street/PO Box, phone, and email from the CPSA directory. (Note: checking this box will make it difficult for other CPSA members to contact you.)</p> | <p>Street Address or PO Box</p> | | |
| | <p>City</p> | | <p>State/Prov.</p> |
| <p>Telephone (Include Area Code)</p> | | <p><input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Other Country: _____</p> | |
| <p>Email Address</p> | | | |
| <p>Personal Art Website/Blog (if applicable) (Must be accessible to visitors without a login or site registration)</p> | | | |
| <p>Second Mailing Address (If applicable <i>and</i> you wish to receive any CPSA mailings at that address when you're there)</p> <p><input type="checkbox"/> I live 3 or more consecutive months at a second address. Start Date: _____ End Date: _____</p> | | | |
| <p>Address</p> | | | |
| <p>City</p> | | <p>State/Prov.</p> | <p>Zip/Postal Code</p> |

Apply for membership online at www.cpsa.org

----- Complete the appropriate form and separate here -----

2014 Renewal Form

Use this form if you are a **current 2013 member renewing your membership.**



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| <p>One-Year Dues (Applicable year-round without proration)</p> <p><input type="checkbox"/> \$45 U.S. and Canada (U.S. Funds)</p> <p><input type="checkbox"/> \$65 All Other Countries (U.S. Funds)</p> <p>Ten-Year Membership Option (U.S. and Canada only)</p> <p><input type="checkbox"/> \$400 membership through 2023 (U.S. Funds)</p> | <p>2014 Membership Year: November 1, 2013, to October 31, 2014</p> | | |
| | <p>PRINT CLEARLY. Enter information exactly as you wish it to appear in the CPSA directory.</p> | | |
| <p><input type="checkbox"/> My contact information has changed</p> <p><input type="checkbox"/> I am a member of local CPSA District Chapter(s): _____</p> <p>Note: Renew by October 31 to continue membership benefits without interruption. After April 1, 2014, members who have not renewed will forfeit any Signature and/or Charter status and CPSA show acceptances counting toward Signature or Merit status.</p> <p>We welcome donations. Amounts in excess of dues will be considered a donation, and used for CPSA general operating expenses.</p> <p>2014 CPSA Directory Listing Information</p> <p>All members will be listed in the 2014 directory. Complete listings include name, street/PO Box, city, state/province, country, phone, and email, as provided. For a partial listing, check the box below.</p> <p><input type="checkbox"/> Omit my street/PO Box, phone, and email from the CPSA directory. (Note: checking this box will make it difficult for other CPSA members to contact you.)</p> | <p>First Name (if desired, add middle name or initial)</p> | | |
| | <p>Last Name (for alphabetization purposes)</p> | | |
| <p>Street Address or PO Box</p> | | | |
| <p>City</p> | | <p>State/Prov.</p> | <p>Zip/Postal Code</p> |
| <p>Telephone (Include Area Code)</p> | | <p><input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Other Country: _____</p> | |
| <p>Email Address</p> | | | |
| <p>Personal Art Website/Blog (if applicable) (Must be accessible to visitors without a login or site registration)</p> | | | |
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| <p>Address</p> | | | |
| <p>City</p> | | <p>State/Prov.</p> | <p>Zip/Postal Code</p> |

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Renew online at www.cpsa.org