

Pastel Society Of South Carolina

Membership Information

Please Print Clearly

First Name: _____ Last Name: _____

Street Address: _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Circle the number you would prefer to be contacted on

E-Mail address: _____

Web Site: _____

What skills are you willing to share with members: _____

What Committee are you willing to work on: _____

Dues Paid: _____