



CONNECTICUT PLEIN AIR PAINTER SOCIETY MEMBERSHIP FORM

Membership Dues are due by January 31 of each calendar year.

Make check payable to Connecticut Plein Air Painters Society.

Mail the completed form with your check to: CPAPS, Attn: Carol Lavoie, 115 Caya Avenue, West Hartford, CT 06110

\$30 ___ Renewing Associate Member

\$30 ___ New Associate Member

\$40 ___ Renewing Elected Artist Member

Please PRINT clearly.

NAME: _____

STREET: _____

TOWN, STATE & ZIP: _____

PHONE: (_____) _____ CELL PHONE: (_____) _____

E-MAIL ADDRESS: _____ WEB SITE: _____

Please indicate the area where you would like to participate or help with any of the following CPAPS programs or activities:

Gallery Shows Publicity Newsletter Web Site Membership Paint Outs

Other areas where you could be helpful (attach a separate sheet, if needed): _____

Describe your experience with plein air painting (how long, your medium, etc.): _____

If you have exhibiting experience, describe briefly: _____

For CPAPS Use Only: Date Payment Received: _____ Check No. _____