



Colored Pencil Society of America

2012 Membership

Please make your check payable to CPSA and return this form to:

CJ Worlein, CPSA Membership Director
16055 SW Walker Road, Box #253
Beaverton, OR 97006-4942

Email: membership@cpsa.org
CPSA website: www.cpsa.org

- I am a new member*
- I am renewing my membership
- My contact information changed

*How did you learn about CPSA? _____

2012 Membership starts Nov. 1, 2011. No prorated dues. Pay between September 1 and December 31 to receive all mailings and avoid a lapse in membership. Those paying after Dec. 31 will **not** receive a printed Directory or Fall-Winter *To The Point*. Memberships **not** renewed by April 1 will lapse, resulting in the loss of any Signature status and acceptances counting toward Signature status. Charter members will also lose that designation. Artists must be 18 years or older to join. CPSA also offers online payment at **www.cpsa.org**. If mailing, include appropriate payment:

- \$45 (US funds) / year US / Canada
- \$65 (US funds) / year All other countries
- \$515 (US funds) Lifetime Membership (US)
- \$680 (US funds) Lifetime Membership (Canada)
- \$835 (US funds) Lifetime Membership (all other countries)

Note: Amounts received in excess of dues will be considered a donation

When you join CPSA, you receive the following benefits:

- Full-color magazine, **To the Point**, twice annually
- CPSA Membership Directory
- District Chapters across the US for local and regional networking
- Product research and lightfastness information
- Lower entry fees for CPSA exhibitions
- Lower workshop fees at CPSA conventions
- Ability to earn Signature status (only qualified, current members are authorized to use CPSA and/or CPX after their names)
- Free link to your website

Enter information exactly as you wish it to appear in the CPSA Directory.

Check here if you DO NOT want to appear in the Directory

Please print clearly:

NAME

STREET ADDRESS

CITY STATE / PROVINCE

ZIP / POSTAL CODE COUNTRY

TELEPHONE (INCLUDE AREA CODE)

EMAIL ADDRESS

WEBSITE ADDRESS (IF APPLICABLE)

Are you a CPSA District Chapter member? YES NO

CHAPTER(S) NAME / NUMBER:

SECOND (VACATION) ADDRESS (if valid annually for 3 months or more)

START DATE END DATE (Month / Day) (Month / Day)

STREET ADDRESS

CITY / STATE / CODE / COUNTRY