



INTENTIONS OF APPLYING FOR MASTER PASTELLIST STATUS

Name.....

Address..... **Ph**.....

Date of PSA membership application

How could you contribute to the P S A as a Master Pastellist?.....

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Do you feel your skills can be improved?

In what way and what genre?

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Would you like the guidance and help from a Master Pastellist to achieve these skills?

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Are you ready to demonstrate at PSA events or art venues?.....

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Is there any other information you require to help you?

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Signature..... **Date**.....