



ASPAS

PINTORES PASTELISTAS ESPAÑOLES

**APPLICATION FOR INSCRIPTION IN THE SPAIN PASTEL SOCIETY - ASPAS
as AMATEUR or ASOCIATE MEMBER**

Name		Surnames	
Postal address			
Postal code	City		Country
Telephone		Cell phone	
E-mail		Website (if any)	

SHORT ARTISTIC CURRICULUM VITAE

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The undersigned _____ want to be included in the Spain Pastel Society -

ASPAS

In _____ the _____ 20__

Signature

- Send, with ten digital photos of original pastel paintings, to:
aspas_pastel@yahoo.es
- The Board of ASPAS will study the dossier and will communicate by email the decision.