Master Pastellist:
Application for Assessment

Mr/Mrs/Ms/other..... Family Name: .....

Given Name: .....

Address (line 1) .....

Address (line 2) .....Postcode: .....

Telephone:
Home ..... Work .....Mobile .....

Email: .....

Please print clearly

I wish to be assessed by PSA Master Pastellists for the status of Master Pastellist of the Pastel Society of Australia Inc.

I am a financial member of the Pastel Society of Australia Incorporated yes ❑ no ❑
I have been a member since .....

I understand that the paintings I present for assessment must be my original uncopied work, executed without the assistance of a tutor or other person and the works must be predominantly soft pastel.

Signed..... Date.....

Please indicate how many paintings in different genres you will be presenting for assessment:

Portrait		Still Life	
Figures		Wildlife	
Landscape		Flora	
Seascape		Other	
Streetscape			

Please **complete the form** and send it, by the due date, to:

The Secretary
Pastel Society of Australia Inc
P.O. Box 263
Moorooka Qld 4105
Australia