

PLEASE WRITE CAREFULLY SO YOUR INFORMATION CAN BE READ CORRECTLY

# Raindrop Chapter Membership Application 2012

New   
  Renewal   
  Teacher   
  Sponsor   
  Business

Last Name:

First Name:  CDA, MDA or IDA \_\_\_\_\_

Business Name: \_\_\_\_\_

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email:

Website: \_\_\_\_\_

Birthday – Month \_\_\_\_ Day: \_\_\_\_ SDP# \_\_\_\_\_ (Membership SDP is required)

Fees: Membership/Renewal: \$20.00    Business: \$25.00    Sponsor: \$30.00

Membership fees are for the current calendar year if received prior to September 1<sup>st</sup>.  
 After September 1<sup>st</sup>, dues are processed for the following calendar year. Dues are not prorated.  
 You must be a member in good standing of the **Society of Decorative Painters** to join the Raindrop Chapter.

**Please enclose a self-addressed stamped envelope with your payment and this form**  
 to receive your membership card. If no envelope, you will receive your card at the next meeting.

Please make check payable to: **Raindrop Chapter**

**Mail application & check to:**    **Joan Porter**, Membership Chair  
 8326 S.E. 252<sup>nd</sup> Avenue  
 Gresham, OR 97080

Phone: 503-666-6938  
 email: ladytoler@aol.com

**I would like to save the chapter money:**

- Send my newsletters and membership directory by email only
- Will read online (reminder email will be sent when it is available on website)

