



RAINDROP CHAPTER MEMBERSHIP APPLICATION

MASTER COPY

Date _____ (Please Check one) New Member _____ Renewal _____

Last Name _____ (TDA, CDA, MDA, ADP) (circle if appropriate)

First Name _____ (Teacher) (circle if appropriate)

Business Name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Website _____ Email _____

Birthdate: Month _____ Day _____ SDP# _____ (Must be a SDP Member to join a chapter, please show your card or copy of payment to SDP for confirmation of SDP status)

Type of Membership: Membership \$20 _____ Business \$25 _____ Sponsor\$30 _____

Please indicate your choice with a check mark below

Newsletter: Hard copy via Postal Service _____ or Via email _____

Membership Director: Hard copy via Postal Service _____ or read/download from Website _____

For directory purposes; Please indicate with a check mark if you wish to be included in the Teacher contact page _____

Please initial if you wish to have your photo included in the directory _____

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

Please make checks payable to: **Raindrop Chapter** and **enclose a self-addressed stamped envelope with your payment and this form if you wish to receive your membership card via Postal Service. Otherwise, membership cards will be available at the next meeting. Please mail the completed form along with your check to:**

Membership Chair: Georgia Magarrell
2485 SW Giese Loop
Gresham, OR 97080
email: georrog@aol.com