



Membership Application

Name: _____

Address: _____

City, _____ State: _____ Zip _____

Phone: (_____) _____

E-Mail: _____

SDP Membership No.: _____

Birthday (m/d): _____

If you are a new member, who introduced you to the chapter, or how did you hear about us?

Chapter dues \$20.00 per year (payable to SMDP) annually on Oct. 1

Mail to: Southern Maryland Decorative Painters
P.O. Box 235
White Plains, MD. 20695

- All Members must also belong to the Society of Decorative Painters. If you are not a member of the SDP, complete the application and send to the SDP or go to <http://www.decorativepainters.org> and join online