

For membership chairman's use
DATE RECEIVED: _____
Date recorded: _____

MEMBERSHIP APPLICATION
20__

Chapter Dues: **\$25.00** payable October 1st and are delinquent November 1.

CBDP member information, By-Laws, and other forms available in the Newsletter or on-line at our website: www.cbdpainters.net

PLEASE PRINT OR TYPE:

Please check: Renewal New

Paying by: Check Number _____ Amount \$ _____ Cash Amount \$ _____

Name _____ Birthday (Month & Day ONLY) _____

Address _____ Emergency Contact Name/phone): _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail _____ If this is a new e-mail address check here

Check one: You May May not publish my name, address, phone, and e-mail in a membership list to our members and use my email in chapter bulk emails.

Please send my newsletter by E-mail U.S. First Class Mail

Painting Level:
 Beginner Intermediate Advanced

Medium:
 Acrylic Oil Watercolor Colored Pencil
Other _____

Do you teach? Yes No

How did you learn about our club?
 Friend - Name (optional) _____
 Flyer - received at _____
 SDP Website
 Internet search
 County Fair – County: _____
 Other – _____

Please enclose **\$25** check made out to **Chesapeake Bay Decorative Painters, Inc** or **CBDP** along with this form to:

Chesapeake Bay Decorative Painters, Inc
c/o Paula Taylor
1004 Liberty Nest Court
Davidsonville, MD 21035
Or

You may bring this completed form and your payment to a CBDP meeting.
Questions? Contact Paula Taylor at 410-571-5809 or e-mail: CBDPmembership@gmail.com