



NOTICE TO ALL MEMBERS:

Please fill out the following form and turn it in with your NCDA dues.

NCDA MEMBERSHIP APPLICATION – 2008

The prerequisite for joining our NCDA Chapter is to be a member of the National Society of Decorative Painters. The membership year for both is from January 1 to December 31. There is no provision for prorating of dues.

- Renewals are due December 1 and delinquent after December 31. Starting January 1, dues will be \$15 for delinquent members.
- Dues received in September or later in the current year will be for next year's membership.
- New members joining at this time may attend meetings and receive newsletters, and participate in chapter events, but voting privileges begin next year.
- NCDA membership dues shall be \$10 per year and shall be payable to correspond with payment of dues to the Society of Decorative Painters (SDP).
- Membership in NCDA requires \$10 annual membership in WWSC payable at time of joining NCDA or renewal.
- Send all NCDA Chapter checks \$10 made out to NCDA) and separate \$10 check made out to WWSC to the membership chairperson listed on the bottom of this form.
- **Checks must accompany this NCDA application for 2008. A photocopy of your SDP membership card must be presented within 3 months of joining NCDA.**

FILL OUT THE FORM COMPLETELY. PLEASE PRINT.

Name _____ Birthday ____/____/____ (month/day)
Last First

Address: Street _____ City _____ State ____ ZIP ____

Phone: (____) _____ E-mail or website _____

Do you wish to allow your phone # and e-mail to be published for the membership list? Yes ___ No ___

Check all that apply

New Member _____ Renewal-SDP Membership # _____
 Teacher _____ Shop Owner _____

How did you hear about NCDA? _____

Would you be willing to teach or demo at a meeting? ___ Yes ___ No ___ Maybe

What would you like to teach or demo? _____

Would you be willing to be contacted for rides? ___ Yes ___ No ___ Maybe

Are you interested in running for office? ___ Yes ___ No ___ Maybe

If YES, which office? _____ (see back)

Would you like to serve on a committee? ___ Yes ___ No ___ Maybe (see back)

To which other chapters do you belong? _____

Please send this form along with your checks to:
 Pat Otto
 4730 WSandy Hill St
 Lecanto, FL 34461
 352=746-2688
 pat@patotto.com