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**Southern Maryland Decorative Painters, Inc**

**Membership Application**

**20\_\_\_**

**PLEASE PRINT OR TYPE:**

**Please check one: Renewal New**

Name:

Address:

City: State: Zip:

Birthday (Month/Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Name/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_) Cell Phone: (\_\_\_\_\_\_)

Email: If this is a new e-mail address check here \_\_\_\_\_\_

SMDP newsletters are generally distributed via email.

Please send my newsletters by **Email** **U.S. First Class Mail**

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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.

Check one: **You May**  **May Not** publish my picture on Facebook when we post group pictures of seminars

Or Paint-ins.

Painting Level: **Beginner**  **Intermediate Advanced**

Medium: **Acrylic Oil Watercolor Colored Pencil Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you teach? **Yes No**

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

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**Please enclose $20 for annual dues. Check is made payable to SMDP along with this form to:**

**Southern Maryland Decorative Painters 7815 Arborview Dr Charlotte Hall, MD 20622**

 **Paying by: Check** Number\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_  **Cash** Amount $\_\_\_\_\_\_\_\_

**You may bring this completed form and your payment to a SMDP meeting.**

**Questions? Contact Carolyn Shelton at (301) 934-0095 or email:** **carolynshel@aol.com**