

MEMBERSHIP FORM...2013

NATURE COAST DECORATIVE ARTISTS

Please fill in all the information

All members of NCDA Chapter must also be a member of the National Society of Decorative Painters. The membership year for both organizations is from January 1 to December 31. There is no provision for pro-rating of dues. You can find the NSDP link on our Home Page of our website www.naturecoastdecorativeartists.com

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 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. Renewals are due October 1 and delinquent after December 31. There is a \$5 secretarial fee for members who have been taken off and have to be put back on the list. 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.

Checks must accompany this NCDA application. Your SDP membership card or proof of payment must be presented within 3 months of join-date. You may bring a photocopy of your card, a receipt from SDP or a recent issue of the Decorative Painter with your address attached.



FILL OUT THE FORM BELOW COMPLETELY, PLEASE PRINT.

Name: _____

Address: _____

Phone: _____

Email: _____

Birthday (Month & Day): _____ If renewal SDP#: _____

Circle all that apply:

I would like my phone # and e-mail to be published for the membership list: Yes No

I am a: Teacher Professional/Commercial Artist Shop Owner Wholesaler Manufacturer's Rep

I heard about NCDA from: the newspaper a friend SDP website

Other: _____

I would be willing to teach or demo at a meeting: Yes No Maybe

I belong to another chapter(s) Yes No If yes, please list _____

<p>For Office use:</p> <p>Payment Received _____</p> <p>Date received _____</p>	<p>Mail to: Rhonda Norton 2026 Godfrey Avenue Spring Hill, FL 34609 352-688-9267 c-352-247-6593 Rnorton7@tampabay.rr.com</p>
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