



*Silver State Tole
& Decorative Painters*
an affiliated Chapter of the Society of Decorative Painters

Membership Application
(please print)

Year _____

SDP # _____

(You must be a member of National, please let your membership chair know when you receive your card.)

Name _____

Address _____

City, State, Zip _____

Phone (cell or home) _____

Work Phone _____

Email _____

Birthday (month/day) _____

Please circle one: Beginner Intermediate Advanced

Do you want to be a teacher? YES NO

May we print your name and contact information in our membership directory? This is only distributed to other chapter members. YES NO

Do you own a decorative painting related business? YES NO

Send a check made payable to **SSTDP** in the amount of \$25.00 to:

Pat Pillen
5224 Intermission Ct
N. Las Vegas, NV 89031
BudPatP@aol.com