

GATEWAY DECORATIVE ARTISTS
MEMBERSHIP SECRETARY



2015 Gateway Decorative Artists membership form

Name _____ New Member Renewal
Last First Spouse
Address _____
City _____ State _____ Zip code _____
Phone Number _____ Email _____
Birth Date : Month ___ Day ___ SDP Membership # _____ (include a copy of SDP card)
Member of other chapters: _____
Check all that apply:
Individual Member Teacher Business Member Name of shop: _____
Certification: MDA CDA TDA
Preferred Painting Medium: Oil Acrylic Watercolor Color pencil Pen & Ink Charcoal's
Pastel Favorite Artists: _____
What year did you start painting? _____

Annual dues are \$20 per year, payable by Dec 31, 2014.

Please make check payable to: **Gateway Decorative Artists**

Mail to: **Jean Lindsey, 140 So. St. Charles St., Florissant, Mo 63031**