



CHAPTER FORM

This form **MUST** be postmarked by December 14 of each year.

Chapter Name _____ **Chapter ID #** (not Tax ID) _____

Total Number of Members _____ Location (City/State) _____

Web Address (www) _____

Chapter President _____ SDP Membership # _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Vice-President _____ SDP Membership # _____

Address _____ City/State/Zip _____

Phone _____ Email _____

2nd Vice-President _____ SDP Membership # _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Secretary _____ SDP Membership # _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Treasurer _____ SDP Membership # _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Annual Chapter Service Fee: \$35.00 + 10 cents per member (US dollars only)

(10 cents per member fee is based on total chapter membership at the end of the membership year.)

Total Enclosed \$ _____ *(Make Checks Payable to SDP)*

Credit Card # _____ Exp. _____

Visa

MasterCard

Discover

Membership Chair _____SDP Membership # _____
Address _____City/State/Zip _____
Phone _____Email _____

Newsletter Editor _____SDP Membership # _____
Address _____City/State/Zip _____
Phone _____Email _____

Communications Liaison _____SDP Membership # _____
Address _____City/State/Zip _____
Phone _____Email _____

Historian _____SDP Membership # _____
Address _____City/State/Zip _____
Phone _____Email _____

CHAPTER CHECKLIST *(please check answers)*

1. We have included a complete Chapter Roster as of 12/01 with this report.
2. All persons listed here are current members of the Society of Decorative Painters.
3. The Society is on the chapter's newsletter mailing list.
4. Our annual gross receipts (total income) will be:

Less than \$50,000 More than \$50,000

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

5. Chapter Elections are normally held during the month of: _____

Chapter President's Signature _____

SDP Membership Number _____Date _____

THIS FORM MUST BE POSTMARKED BY DECEMBER 14.

Please send this form and the Annual Chapter Service Fee to:

SDP – CHAPTERS

1220 East First Street, Wichita, KS, 67214

If you have questions or would like more information,
please contact chapters@decorativepainters.org or call (316) 269-9300