



SOCIETY OF DECORATIVE PAINTERS NEW CHAPTER FORM

Chapter Name _____
Location (City/State or area if applicable) _____
Date of the first organizational meeting _____ Number in attendance _____

PLEASE NOTE: SDP REQUIRES THAT FOUR (4) ORGANIZERS AND ONE (1) E-MAIL CONTACT BE LISTED.

Primary Contact &
Organizer No. 1 _____ SDP Membership # _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

Organizer No. 2 _____ SDP Membership # _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

Organizer No. 3 _____ SDP Membership # _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

Organizer No. 4 _____ SDP Membership # _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

E-mail contact _____ SDP Membership # _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

**Organizing and Application for Affiliation Fee: \$30 (US dollars only)
Fee must be submitted with New Chapter Form.**

Organizer No. 5 _____SDP Membership # _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

Organizer No. 6 _____SDP Membership # _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

Organizer No. 7 _____SDP Membership # _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

Newsletter Editor _____SDP Membership # _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

CHAPTER CHECKLIST

1. The chapter voted on _____ (date) to become a subordinate of the Society and in submitting application agrees to abide by the regulations as stated in Internal Revenue Code, Section 501(c)(6).

Yes No

2. The chapter voted on _____ (date) to adopt, and has agreed to operate by, the SDP-suggested bylaws for an affiliated chapter.

Yes No

3. The chapter has included a copy of their first newsletter (if one has been published) and will include the Society on the chapter's newsletter mailing list.

Yes No

4. Everyone listed in a current member of the Society of Decorative Painters.

Yes No

Organizer's Signature _____
Date _____

Please send this form, the \$30 new chapter fee and a copy of the approved bylaws to:
SDP, Chapters Dept, 1220 East First Street, Wichita, KS, 67214

If you have questions or would like more information, please contact
chapters@decorativepainters.org.