

SOCIETY OF DECORATIVE PAINTERS (SDP)  
2021 Nominating Committee  
Candidate Questionnaire  
**APPLICATIONS MUST BE RECEIVED BY**  
**OCTOBER 30, 2020**

Name of Candidate: \_\_\_\_\_ SDP Membership # \_\_\_\_\_

Membership Renewal Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Office for which I wish to be considered: \_\_\_\_\_

I would also be willing to accept a nomination for the following offices:

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Please send via email. Please do not send a hard copy.  
Email submission is preferred but will not affect your consideration.

**Please return the completed application and photo to:**

[kswigon@yahoo.com](mailto:kswigon@yahoo.com)

**OR Kathy Swigon, CDA**

207 S. Woodlynne Ave.

Tampa, FL 33609

**CHECKLIST**

- ( ) Completed and signed application**
- ( ) 4x6 color photo, digital format preferred**
- ( ) Paid 2021 SDP Membership Dues**
- ( ) Resume (optional)**
- ( ) Additional information (optional)**

**Questions? Please contact a member of the Nominating Committee:**

Committee Chair: Kathy Swigon, CDA, 210-274-1395, [kswigon@yahoo.com](mailto:kswigon@yahoo.com)

Sherry Choquette, 949-230-8687, [Sherrysstrokes@msn.com](mailto:Sherrysstrokes@msn.com)

Jan Campbell, 651-271-0121, [jankaycampbell@gmail.com](mailto:jankaycampbell@gmail.com)

Suzanne Mills, 863-698-6205, [srm52@msn.com](mailto:srm52@msn.com)

Tracy Moreau, 506-442-2338, [tcmoreau225@gmail.com](mailto:tcmoreau225@gmail.com)

**Additional Information**

You may attach additional information to support your application, such as painting activities, volunteer work, civic involvement, leadership responsibilities in other organizations, or special awards or recognitions you have received.

**If Nominated, your answers to the following questions will be published on the SDP website and may be summarized in *The Decorative Painter* and other publications.**

**How will your education and work experience contribute to being effective in the position you are seeking?**

**If elected, how would you use your position to strengthen SDP? Are there specific goals you would like to see accomplished?**

**List SDP participation, past and present (board membership, committees, volunteer, etc.)**

**Do NOT include chapter activities; there is a space below for these.**

**List the name and location of any SDP chapters to which you have belonged (past and present) and approximate dates of membership:**

*References May Be Requested Later*

I hereby give consent to the Nominating Committee to place my name in nomination for the office listed above and understand the submission of this form does not guarantee nomination. The information provided is truthful to the best of my ability. I give SDP the authority to verify the listed information as necessary. I give SDP permission to contact my references and any SDP chapters in which I have held membership.

Furthermore, I acknowledge that I have access to high-speed internet and email capabilities. I am able to participate in board meetings conducted by conference call or other electronic means including internet video conferences such as Zoom. I am able to travel when in-person meetings are requested. I understand that elected members of the board may incur some personal expenses. (A copy of the reimbursement policy and procedures guide may be requested from the SDP office.)

I also attest to the following, which I understand are required to be placed on the ballot and to hold an elected position with SDP:

- I am currently a member of SDP and have been a continuous member in good standing for the last three (3) years.
- I have paid my SDP Membership Dues for 2021
- I have no outstanding debt to SDP.

Signature \_\_\_\_\_ Date \_\_\_\_\_