



TOLL BRIDGE TOLERS MEMBERSHIP APPLICATION 2018

Dues are \$15 per Year, payable October 1, and delinquent November 1

SDP# _____ Birth Month and Day _____

Name: _____

Address _____

City _____ State _____ Zip _____

Phones: Home (____) _____ Cell (____) _____

Work (____) _____ Email _____

Fax (____) _____

For Emergencies only Health Issues _____

Medication pertinent to health issues _____

Emergency Contact Name _____ relationship _____

Home phone _____ Cell _____

Are you a new Member Yes _____ No _____

Are you a member of another chapter Yes _____ No _____ Name _____

Are you a teacher _____ Medium _____

Your cancelled check is your receipt of dues payment.

You must be a member of the Society of Decorative Artist, info on www.decorativepainters.org

Current SDP membership card or **SDP** E-mail must accompany this application form and return to:

**Toll Bridge Tolerers
P. O. Box 2671
Martinez, Ca. 94553**

Date received _____

Check # _____

Cash _____

OK to publish: Yes or NO