



SOCIETY OF DECORATIVE PAINTERS 2010 ANNUAL CHAPTER FORM

THIS FORM MUST BE POSTMARKED BY DECEMBER 8, 2009.

Chapter Name _____
Chapter ID # _____ Total number of members _____
Location (city/state) _____
Meetings held during the months of: _____
Web address _____

2010 President _____ **SDP Membership #** _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

2010 Vice-President _____ **SDP Membership #** _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

2010 2nd Vice-President _____ **SDP Membership #** _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

2010 Secretary _____ **SDP Membership #** _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

2010 Treasurer _____ **SDP Membership #** _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

Annual Chapter Service Fee: \$30 + 10 cents per member (US dollars only)

(10 cents per member fee is based on total chapter membership at the end of the 2009 membership year)

Total Enclosed: _____ **Make checks payable to SDP.**

Visa or MC # _____ **Exp.** _____

2010 Newsletter Editor _____ **SDP Membership #** _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

2010 Membership chair _____ **SDP Membership #** _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

2010 New Product Evaluator _____ **SDP Membership #** _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

2010 SDP Communications Liaison _____ **SDP Membership#** _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

2010 Historian _____ **SDP Membership #** _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

IF NEEDED: ATTACH ADDITIONAL PAGES TO INFORM THE SOCIETY OF OTHER CHAPTER OFFICERS AND CHAIRS.

CHAPTER CHECKLIST (please circle answers)

1. The Society is on the chapter's newsletter mailing list. Yes No
2. All persons listed here are current members of the Society of Decorative Painters. Yes No
3. Chapter Elections are normally held during the month of: _____
4. Our 2009 annual gross receipts (total income) will be: Less than \$25,000 More than \$25,000
5. We have include a complete chapter roster with this report. Yes No

2009 President's Signature _____
SDP membership number: _____ Date: _____

THIS FORM MUST BE POSTMARKED BY DECEMBER 8, 2009.
Please send this form and the 2010 annual chapter service fee to:
SDP, Chapters Department
393 N. McLean Blvd.
Wichita, KS, 67203-5968
If you have questions or would like more information, please contact:
sdp@decorativepainters.org or (316) 269-9300.

For office use only:

NOTE: THIS REPORT MAY BE SENT USING REGULAR POSTAGE. IT DOES NOT NEED TO BE SENT VIA CERTIFIED MAIL.