



Membership Application Form

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

E-mail address: _____

Birthdate (Month and Day): _____

Level: Beginner ____ Intermediate ____ Advanced ____

Membership Dues are \$15.00 per year.

Make checks payable to **TCDP**

- My name, address, phone number and e-mail address are correct as printed in the 2011 Membership book.

(You only need to fill out address, phone, and email portions of the form if there are corrections in your information)

Mail your check and this application to:

Ellen Hildenbrand
1070 Clay Pike
N Huntingdon, PA 15642

Our website: www.townandcountrydecorativepainters.com