



THE HEART OF OHIO TOLE CHAPTER, INC.
 Membership year is from January 1 to December 31
MEMBERSHIP APPLICATION

NEW MEMBER YEAR _____ RENEWAL FOR YEAR _____ SDP NUMBER (required) _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

TELEPHONE _____ EMAIL _____

BIRTHDAY Month _____ Day _____ RECEIVE NEWSLETTER BY EMAIL? Yes _____ No _____

SPOUSE/PARTNER NAME _____

TEACHER? Yes ___ No ___ CDA ___ MDA ___ TDA ___ OTHER _____

Are you a member of any other chapter? If so, Chapter Name _____

The Heart of Ohio Chapter, Inc. is an affiliated Chapter of the Society of Decorative Painters (SDP). Membership with The Heart of Ohio Tole Chapter, Inc. is open only to persons who are in good standing with the SDP, who submit an appropriate application and pay dues. To receive SDP membership information, please contact the Society at www.decorativepainters.org or via mail to 393 North McLean Blvd., Wichita, Kansas 67203-5968. The Society dues should be sent directly to SDP and are due by December 1.

The Heart of Ohio Tole Chapter, Inc. hereby gives notice that various paints, finishes and solvents will be used during meetings, seminars and conventions. Each participant is responsible for assessing their own potential risk of exposure to these products and their components before electing to participate in any event. The Heart of Ohio Tole Chapter, Inc., its teachers and agents assume no liability for the participant's use or exposure to these paints, finishes or solvents; the same being specifically assumed by the participant.

New/renewal HOOT Membership dues for residents of the U.S.A. are \$20.00 annually; outside U.S.A. is \$40.00 (US funds only) annually. Renewal dues must be postmarked by December 1; this does not apply to new members. Checks/money orders should be made payable to The Heart Ohio Tole Chapter, Inc. If you are unable to come to a chapter meeting to receive your membership card, it will be your responsibility to send us a self-addressed stamped envelope, so that we can mail it to you. Add an additional \$5.00 if you wish to have your Membership Manual mailed to you. This completed and signed application MUST accompany your payment, to:

THE HEART OF OHIO TOLE CHAPTER, INC.
 ATTN: MEMBERSHIP CHAIR
 P.O. BOX 626
 REYNOLDSBURG, OH 43068-0626

Phone: 614-863-1785
 Web: www.HeartOfOhioTole.org
 Email: HOOT626@wowway.com

My signature on this application signifies that in accepting membership, I ratify, accept and agree to abide by the bylaws and standing rules of The Heart of Ohio Tole Chapter, Inc., and observe faithfully the provisions thereof.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

PAYMENT TYPE: Cash ___ Check ___ Check # _____ Amount \$ _____

Date Received _____ Postmark Date _____

MEMBERSHIP CARD: Picked Up ___ Mailed ___ MEMBERSHIP MANUAL: Picked Up _____ Mailed _____