

Harbourside Painters of Canada Contact Information

Please print clearly

Name: _____ SDP # _____

Address _____

Town _____ Postal Code _____

Phone number (day) _____ (evening) _____

Email address _____

Number of Years Painting _____ Birthday (mm/dd) _____

Special Certifications/Awards _____

Type of Medium Preferred ie: acrylics, watercolours, oils, coloured pencils, Genesis, etc.

Are you interested in chairing or working on a committee? ie: seminars, workshops, library, membership, refreshments If so, which areas interest you the most? _____

Are you interested in working on the board? If so, in what capacity?

What types of community service would you like to see this chapter perform? _____

Have you attended an SDP annual convention in the past? _____

Are you planning on attending this year? _____

Would you be willing to teach at a chapter paint-in? _____

Once completed, please return this form by email to spotts1@cogeco.ca or mail to Harbourside Painters, Unit 608, 212 Kerr Steet, Oakville, ON L6K 3B1

Thank you for your interest in the formation of this chapter and for helping us to gather the information required to meet the needs of a diverse and talented group of people!!!

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