


# 2027 San Diego Brush Whackers ANNUAL MEMBERSHIP FORM

……PLEASE PRINT……..

Name_____
Last First

Address_____
Street

_____
City State Zip Code

Phone (____)_____ Birthday (optional) ____/_____
month day

E-mail_____

Emergency contact_____ Phone (____) _____

Relationship of contact_____

**All newsletters will be emailed to members.**
**We will print your name, address, phone #, e-mail and birthday in our membership roster unless you circle information that you DO NOT want printed in the roster.**

Type of membership: New_____Renewal_____ WITH SAN DIEGO BRUSH WHACKERS.

Level of painting: Beginning_____Intermediate_____Advanced_____

Please check all that apply: Student_____Teacher_____Business_____

Thank you for filling out our Membership form clearly and **completely. Keep us informed throughout the year as to any changes.**

**Annual San Diego Brush Whacker membership dues for 2027 are $15.00.**

## Make payments payable to: **San Diego Brush Whackers**

Mail to our Membership Chairperson:
Donna Kidd Eledge
144 Landis Ave
Chula Vista CA 91910

Questions: jdbeldg@yahoo.com or 619-857-8096

**Find us at: www.sdbrushwhackers.com**

x b n r p CASH CHECK # PAYPAL INVOICE ME