



2024 Annual Membership Form **San Diego Brush Whackers**

Find us at: www.sdbushwhackers.com

Name _____
Last _____ First _____

Address _____
Street _____

City _____ State _____ Zip Code _____

Phone _____ Birthday (optional) ____/____/____ Cash ____ Ck# ____
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 ____ Renew ____ WITH SAN DIEGO BRUSH WHACKERS.

Level of painting: Beginning ____ Intermediate ____ Advanced ____

Please check all that apply: Student ____ Teacher ____ Business ____

Please fill out our Membership form **completely**.

Annual San Diego Brush Whacker membership dues for 2024 are \$15.00.

Please make checks fully payable to: **San Diego Brush Whackers**

Mail check to our Membership Chairperson:

Donna Kidd Eledge
144 Landis Ave
Chula Vista CA 91910

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