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Fuel Your Passion for Paint and Join IDAL Today!

Name _____ Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____ @ _____ Web _____

Please enter the full name of the person or chapter that referred you to IDAL _ _____

Completing this form serves Management notice that you agree to be contacted by mail/phone/fax and/or e-mail.



SAVE A STAMP AND JOIN ONLINE AT WWW.DECORATIVEARTISANS.ORG

Please refer to IDAL website for a full description of the categories and benefits; a brief summary is included below.
 Please refer to the types below and pay accordingly.

\$52 - Individual Membership: *You can join a chapter, attend convention and view convention brochure online, receive Artisphere and download the IDAL directory.*
Note: IDAL's Insurance Program is not available with this membership level.

\$32 - Student Membership: *All of the Individual benefits above.*

\$107 - Professional Membership: *All of the Individual benefits above plus eligible to purchase Liability Insurance, an additional business name listing in the Professional section of the directory, a listing and web link on the IDAL web site Resource Guide and access to an array of insurance benefits.*

\$202 - Business Partner Membership: *All of the Professional benefits above plus an additional Directory Listing for a member of your business, your business name listed by category in the online Directory, a web link exchange upon request, Artisphere Resource Guide listing, an array of insurance benefits, the opportunity to exhibit at the annual Convention & Exposition, and ability to join ASID at a reduced cost.*
 Additional Associate Listing - Name: _____

Check which categories apply:

- Artist Contractor Designer Distributor/Wholesaler
 Manufacturer Publisher Retail Store School
 Trade Organization

<input type="checkbox"/> IDAL Membership Dues	Total from above _____
<input type="checkbox"/> I am not a Certified IDAL teacher but I would like a teacher listing	\$ 10 _____
<input type="checkbox"/> Postage to Canada and Mexico \$10/Other countries (1 st class) \$30	\$10/30 _____
<input type="checkbox"/> IDAL Membership Pin	\$ 5 _____
	Total Due \$ _____

Tell us about you!
Are you a ...

- Decorative/Faux Painter
 Fine (or other) Artist
 Muralist
 Professional painter: Part-Time Full-Time
 Primarily a hobbyist
 Stenciler

Are you a member of a chapter? Yes No

If yes, which chapter: _____

- Please do not list me in the member directory
 I am interested in knowing more about a chapter in my area
 I do not want to receive paint related advertising material

METHOD OF PAYMENT (payment due at time of order)

- Check Money Order (make check payable to IDAL)
 Debit Credit American Express Discover MasterCard VISA
All payments in US funds drawn on US banks. \$25 fee charged for returned checks.

Credit Card Account # _____

Exp. Date _____ 3-Digit Security Code _____ Amt to be charged \$ _____

Cardholder's Name (Print) _____

Billing Address _____

City _____ State _____ Zip _____

Authorized Signature _____

For Office Use Only:

Date: _____ Amt: _____ Ck#: _____ Ackd: _____