



Membership Application

Declaration

A member *of our group is someone who has been fully screened by their peers. They must be a dedicated full time professional with at least two years of training in the painting, papering or wallcrafts field. They must exhibit a professional attitude toward the customer, execute proper preparation and finish of jobs, and run a fully competent shop. We are receptive to a member's desire to learn, discuss problems, and share in the exchange of knowledge with the membership.

Full Name of Firm: _____

Contact Name: _____

Title: _____ Type of Firm: sole prop. partnership corp.

Home Address: _____

Town or Village: _____ Zip Code: _____

Mailing Address: _____

Town or Village _____ Zip Code: _____

Bus Phone (____) _____ Home Phone (____) _____

Fax (____) _____ e-mail _____

We wish to apply for membership to the Painting & Decorating Craftsmen of Long Island, and affirm that we have the proper and necessary insurance(s) for our type of business structure, and will abide by the declaration of what a Painting & Decorating Craftsman is.

Applicant Signature: _____ Date: _____

Please list type(s) of work and percent, the firm participates in.

*One who is in the service of painting, paperhanging, wood finishing and decorating one who applies all and any type of coatings, coverings and decorating materials to any type of surfaces for decorative purposes.