



Painting and Decorating Contractors of America Portland Chapter

Portland Chapter: PO Box 1138
Gresham, OR 97030
(503) 236-7964

National Office: 2316 Millpark Drive
Maryland Heights, MO 63043-3530 (800)-332-7322

PDCA Portland Chapter Application

Thank you for your decision to join thousands of other contractors in support of your industry and profession. **PDCA's mission is to serve the coating and wall covering industry with standards, education, training, advocacy and best practices essential to member success.** We encourage you to visit the Portland Chapter website at www.oregonpdca.org.

Please take a few moments to complete this application as fully and legibly as possible. If you would like information about the benefits and dues associated with Portland Chapter membership, please call Portland Chapter at 503-236-7964. All information you provide is strictly confidential.

Council: Oregon Chapter: Portland

Company Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____ Oregon and/or Wash CCB# _____

Upon acceptance, I will abide by the PDCA Code of Ethics and the Bylaws of the National Association (as well as those of the Chapter and Council if applicable) and any amendments adopted during my membership. I affirm that I am in compliance with state, county, and local laws and ordinances (including licensing, certification, and/or bonding requirements, if any). I am granting PDCA the privilege to contact me via phone, email and fax on matters related to my membership.

How did you hear about PDCA: _____

Shop Type: Open/Merit Union

Indicate percent of work done in these areas:

% Residential

% Commercial

% Industrial

% Decorative

100% (Total)

Annual Dues: Chapter

Dues are based on the gross sales of your company. Please choose the level for your company.

\$0-\$100,000:	\$225
\$100,000 to \$500,000:	\$375
\$500,000 to \$1 million:	\$600
\$1 million plus:	\$1000

Questions?
Call Portland Chapter:
503-236-7964

Annual Dues: _____

Payment Information:

VISA MC AMEX Card Number: _____

Expiration Date: _____ Security Code: _____ Signature: _____

Check Payment (payable to PDCA Portland Chapter)

Monthly or Quarterly Payment Plan (contact the chapter officer to make arrangements)

Please mail this form to the Portland Chapter address above.