

Black Hills Area Decorative Artists

www.bhada.org

Membership Form

Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Phone _____

Birthday: _____

Dues Payment for the Year of _____ (\$20 unless after November 1 then \$25 ~ paid directly to BHADA)

Please fill out this form and mail it along with your payment to

BHADA MEMBERSHIP

Email Deb at
randdclark@gmail.com