Doll Doctors' Association Membership Renewal

Renewal Date: June 1, 2008

Name:
Business Name:
Address:

Phone: Email Address:
Website:

I would like to receive the newsletter via: ____DDA Website ____Mail

I would like my business information listed on the DDA website locator map ___Yes ___No

I am a member of a state chapter in the state of:_____ (List name of state chapter)

IF YOU ARE A MEMBER OF A STATE CHAPTER, GIVE THIS FORM AND YOUR PAYMENT OF $17 TO YOUR CHAPTER TREASURER! (Individual renewal plus chapter fee.)

If you are NOT a member of a state chapter, make your $15 check out to **DOLL DOCTORS' ASSOCIATION** and mail to:

Shallee Doll
100 Strachan Street Box 29
Richmond, Ontario K0A 2Z0
Canada

Please note postage to Canada is 69 cents for a 1-ounce letter!
IMPORTANT: Checks will be returned if not made out properly.