



Doll Doctors Association

Membership Form

Doll Doctors Association New Member

Name _____

Hospital Name _____

Address _____

City _____ State/Province _____

Country _____ Zip code/Postal code _____

E-mail Address _____ Web Site _____

Phone # _____ I am a member of State Chapter _____

I would like my hospital listed on the DDA Website Hospital listing: Yes ____ No ____

ANNUAL DUES:	1 Year	2 Years	Total of Check
	\$15.00 (USD)	\$30.00 (USD)	_____

Send in the completed Membership Renewal form and dues check made out to "Doll Doctors Association" to:

Fred Trussell – Treasurer
Doll Doctors Association
1804 Cam Fella St. SE
Albuquerque, NM 87123

YOU MAY PAY USING PAYPAL. To Treasurer@dolldoctorsassociation.com. Select the Personal tab and mark "payment owed" and send \$15.00 (USD) for one year or \$30.00 (USD) for two years for PayPal payment.