

# Membership Form

## Doll Doctor's Association

Name:

Hospital Name:

Address:

City:

State/Province:

Country:

Zip/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 Locator: Yes\_\_\_ No\_\_\_

I have indicated that I wish to have my information listed on the Doll Doctor's Association website Hospital Locator. I acknowledge and accept this information will be used only in the DDA Hospital Locator. It is not a requirement of membership nor is it an endorsement of professionalism or excellence of membership.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*No signature needed if you're sending this form electronically. Your email address will serve as an electronic signature.*

<b>ANNUAL DUES: 1 Year</b>	<b>2 Years</b>	<b>3 Years</b>	<b>Total of Payment</b>
\$20.00 (USD)	\$40.00 (USD)	\$60.00 (USD)	_____

If you wish to join online, go to the URL above for instructions. Otherwise, MAIL THIS FORM to the treasurer with your dues at the address below.

YOU MAY PAY USING PAYPAL. Open the Doll Doctors Association website, click on *Membership*, then click the *Pay Online With Pay Pal* link.

If sending a check please make the check out to "**Doll Doctor's Association**" and mail to the address below. Please do not send cash or money orders.

Sandy Hohne  
1408 Brehm RD  
Westminister, MD 21157  
[Treasurer@dolldoctorsassociation.com](mailto:Treasurer@dolldoctorsassociation.com)