

United Federation of Doll Clubs, Inc.

Museum Membership Application



Name of Museum: _____

Address: _____

City: _____ State/Country: _____ ZIP: _____

Website Address: _____

Name of Museum Owner or Contact: _____

Phone: _____ Fax: _____ Email: _____

How long has the museum been open to the public? _____ (Enter year opened.)

Is your Museum private or non-profit? _____ Number of visitors to the Museum per year: _____

Number of dolls in the Museum: _____ Are the dolls identified for the benefit of the visitors? _____

Would you be willing to have UFDC brochures available for your visitors? _____

Please select joining date by circling effective month:

Effective Date of Membership:	Sept 1 st	Dec 1 st	March 1 st	June 1 st
<i>DOLL NEWS</i> begins with:	Fall Issue	Winter Issue	Spring Issue	Summer Issue

Yearly Dues: \$40.00 (includes quarterly subscription to ***DOLL NEWS***)

Foreign Postage: +15.00 (Outside the United States **ONLY**, does not apply to APO or APE mailing addresses.)

Total Enclosed: \$ _____

Payment Information: Send Check or Money Order made payable to UFDC in U.S. Dollars.

Visa – MasterCard – Discover Accepted:

Card Number: _____ Exp. Date: _____

Signature: _____ Region Number: _____

(Office Use Only)

Send completed application and payment to: United Federation of Doll Clubs, Inc.

10900 N Pomona Ave, Kansas City, Mo 64153

Phone: 816-891-7040 | Fax: 816-891-8360 | www.ufdc.org

FOR UFDC USE

Approved by:

Director of New Membership

Date

Regional Director

Region Number

Date