

# NEW MEMBER ADDITION FORM

## United Federation of Doll Clubs

10900 N. Pomona Ave.

Kansas City, MO 64153

**CLUB NAME** \_\_\_\_\_ **REGION #** \_\_\_\_\_

All UFDC members must obtain at least one issue of Doll News. If the new member belongs to another UFDC club, they may choose the option to just receive Doll News through their other active club membership. Dues to calculate membership are as follows.

EFFECTIVE DATE of MEMBERSHIP	MUST BE RECEIVED BY	UFDC DUES	SUBSCRIPTION TO DOLL NEWS	TOTAL DUES WITHIN THE U.S.	TOTAL DUES OUTSIDE THE U.S.
Sept. 1	Aug. 25	\$15.00	+ \$25.00 Fall	= \$40.00	\$55.00
Dec. 1	Nov. 25	\$11.25	+ \$18.75 Winter	= \$30.00	\$45.00
March 1	Feb. 25	\$7.50	+ \$12.50 Spring	= \$20.00	\$35.00
June 1	May 25	\$3.25	+ \$6.75 Summer	= \$10.00	\$25.00

***PLEASE TYPE OR PRINT*** (Include name, middle initial, address, city, state, zip code, phone and email address.)

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Amt. Pd. \_\_\_\_\_  
 Email: \_\_\_\_\_  
 UFDC ID? # \_\_\_\_\_ DOLL NEWS? YES or NO (circle one)  
 SPONSOR : NAME & ID # \_\_\_\_\_

4. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Amt. Pd. \_\_\_\_\_  
 Email: \_\_\_\_\_  
 UFDC ID? # \_\_\_\_\_ DOLL NEWS? YES or NO (circle one)  
 SPONSOR : NAME & ID # \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Amt. Pd. \_\_\_\_\_  
 Email: \_\_\_\_\_  
 UFDC ID? # \_\_\_\_\_ DOLL NEWS? YES or NO (circle one)  
 SPONSOR : NAME & ID # \_\_\_\_\_

5. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Amt. Pd. \_\_\_\_\_  
 Email: \_\_\_\_\_  
 UFDC ID? # \_\_\_\_\_ DOLL NEWS? YES or NO (circle one)  
 SPONSOR : NAME & ID # \_\_\_\_\_

3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Amt. Pd. \_\_\_\_\_  
 Email: \_\_\_\_\_  
 UFDC ID? # \_\_\_\_\_ DOLL NEWS? YES or NO (circle one)  
 SPONSOR : NAME & ID # \_\_\_\_\_

6. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Amt. Pd. \_\_\_\_\_  
 Email: \_\_\_\_\_  
 UFDC ID? # \_\_\_\_\_ DOLL NEWS? YES or NO (circle one)  
 SPONSOR : NAME & ID # \_\_\_\_\_

Date \_\_\_\_\_ Club President's Signature \_\_\_\_\_

Date \_\_\_\_\_ Club Treasurer's Signature \_\_\_\_\_

Treasurer Daytime Phone: \_\_\_\_\_ Email \_\_\_\_\_

**\*\*Please note: checks written for incorrect amounts under \$10.00 will not be refunded.**