CURRENT MEMBERS: Please return this portion with your $25.00 dues. Junior members (15-19) $15.00.

PLEASE PRINT: Name _____

Home Address _____

City, State, Zip _____

Day Telephone (include area code) _____

Email _____

New Address: Yes___ No___ New Phone: Yes___ No___ New Email: Yes___ No___

In order to keep our records current, members who have not been active for the past two years will be removed from our membership roster.

Payment
Check # _____ Money Order # _____ Cash _____

___ ___ ___ ___ Cut Here & Give Bottom Half to Someone Who Would Like to Join ___ ___ ___ ___

Application for New Membership
The Times-Picayune Doll & Toy Fund

Date _____

I hereby apply for membership in The Times-Picayune Doll & Toy Fund, agreeing to take an active part and to pay the sum of twenty-five dollars ($25) as annual dues. Jr. Membership (Ages 15-19) is ten dollars ($10).

Name in Full _____ Age _____
(Please print)

Home Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Email address: _____

Business Address _____

City _____ State _____ Zip _____

Signature of Applicant _____

Recommended by _____

Approved _____
Member, Board of Directors

Payment
Check # _____ Money Order # _____ Cash _____

(Mail to The Times-Picayune Doll & Toy Fund, P.O. Box 61065, New Orleans, LA 70161-9979)