Associate Record



Date: _____

Associate	Name and	Contact	Information
/	ITAILIC ALLA	Contract	

Name:					
Address:					
City:	State:	_ Zip Code:	5 digits	······································	 4-digit extension
Home Phone:	Cell Phone:		•		•
Email:					
Birthdate:					
Camp:				_Camp #:	
Company:				_Company #:	
<i>Legacy</i> Newsletter Option (<u>check one</u>): Yes, to receiving <i>Legacy</i> by USPS. No, to receiving <i>Legacy</i> by USPS (but may b	be read online at	isdup.org).			

- This **Associate Record** adds an Associate to the Camp Roster when submitted to the ISDUP Membership Department.
- To pay Associate late dues, submit a **Record Change Form** that may be found at: ISDUP.org → Forms tab
 → Secretary.
- Instructions for the Associate Record and dues submission may be found at: ISDUP.org → Home tab → Join DUP → click on Associate Record and Dues Instructions.

Camp Officer Submitting This Form

Name of Officer Submitting this Form:	
Home Phone:	_ Cell Phone:

Email: ______

Complete this form and send to the Company. It will be forwarded to: ISDUP Membership Department 300 N Main St Salt Lake City, UT 84103-1699