Associate Record



Date: _____

Associate Name and Contact Information				
Name:				
Address:				
City:			_ Zip Code:	 4-digit extension
Home Phone:		_Cell Phone:		
Email:				
Birthdate:				
Camp:			Camp)#:
Company:			Comp	oany #:
Legacy Newsletter Opt-Out:	☐ Yes to receiving <i>Legacy</i>	🗌 No to red	ceiving <i>Legacy</i>	

- 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