



Membership Application Club Year 2019-2020

PLEASE PRINT

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Birth Date (Mo/Day/Year) _____

How did you hear about the York Women's Association? (Please circle)

N/A-Member Renewal Friend Newspaper Flyer Website Facebook

Other _____

Referred By: _____

The Best Time to Contact Me Is _____

Other Comment: _____

Your Signature: _____ DATE: _____

Yearly Membership Dues: \$35 Make check payable to "**York Women's Association**"

Return this Membership Application & \$35 Dues to:

York Women's Association, c/o Nancy McDaniel, 203 S. Shaffer Drive, New Freedom, PA 17349

New members may contact one of our Membership Chairs, Peggy Ellis
jpmore@comcast.net or Chris at Christina.bertok@dallastown.net

We will be in touch with you soon. Thank you and welcome!