



## Membership Application Club Year 2018-2019

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, Rosemary Sieffert,  
[rasieffert@comcast.net](mailto:rasieffert@comcast.net) or Marie Bini, [mpb246@aol.com](mailto:mpb246@aol.com) with questions.

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