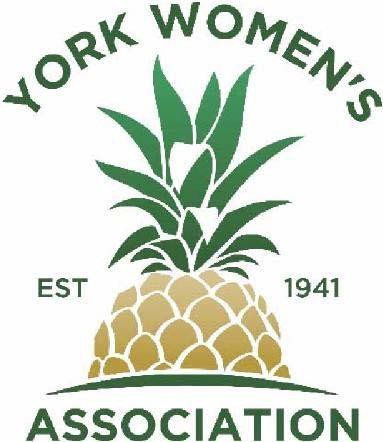
**Membership Application**



Club Year 2020-2021

PLEASE PRINT

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:

Address:

Home Phone: Cell Phone:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date (Mo/Day/Year)

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

Member Friend Newspaper Flyer Website Facebook Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By:

The best time to contact me is

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Yearly Membership Dues: $35*** Make check payable to “***York Women’s Association***” Return this Membership Application & $35 dues to:

##### York Women’s Association, 5 South Broad Street #493, New Freedom, PA 17349

New members may contact [bejacoby@outlook.com](mailto:bejacoby@outlook.com) with questions.

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