



Membership Application Club Year 2019-2020

PLEASE PRINT

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Birthdate (Mo/Day/Year) _____

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

N/A- Member Renewal Friend Newspaper Flyer Website Facebook Instagram

Other: _____

Referred By: _____

Other Comment: _____

Your Signature: _____ Date: _____

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

Return this Membership Application and \$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 jpmore@comcast.net or Chris at Christina.bertok@dallastown.net.

We will be in touch with you soon!