



Membership Application Club Year 2022-2023

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)

N/A-Member Renewal 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 our Carol Miller at camiller_6739@yahoo.com or Roberta Daab at rdaab@hotmail.com

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