**Membership Application**

Club Year 2020-2021

PLEASE PRINT LEGIBLY

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

***Yearly Membership Dues: $35*** *($20 for first year if joining January – May)*

Make check payable to “***York Women’s Association***”

Return this Membership Application & dues to:

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

Contact katem413@gmail.com with questions about membership.

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