

The Woman's Club of York

Membership Application, 2024-25

Your Name		
Mailing Address		
Home Phone		
Cell Phone		
Email Address		
What is the month and day of your birthday?	Month:	Day:
What are your interests and hobbies?		
Contact Preference (circle one)	Email	Phone

Your Signature	
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Membership dues are \$50.00 per year.

Please make your check payable to *The Woman's Club of York.*

Please return this Membership Application and your check to:

Carol Shue
97 Autumnwood Dr
Middletown PA 17057