



# Yorktown Western Days Association, Inc.

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## MEMBERSHIP FORM

DATE: \_\_\_\_\_ Check# \_\_\_\_\_ Cash

MEMBER NAME: \_\_\_\_\_

### MEMBER CONTACT INFORMATION:

Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

DUES PAID FOR YEAR: \_\_\_\_\_ to \_\_\_\_\_ YEAR JOINED \_\_\_\_\_

I will support this organization by serving as, or participating on the following:

\_\_\_\_\_ Board of Directors

\_\_\_\_\_ Committee Chairperson

\_\_\_\_\_ Event Volunteer

\_\_\_\_\_ Committee Member

\_\_\_\_\_ Office Work before Western Days

\_\_\_\_\_ Other: \_\_\_\_\_