



York County Hispanic Coalition

MEMBERSHIP APPLICATION

Organization:

Name _____

Address _____

_____ Phone _____

Fax _____ Website _____

Representative # 1 _____

E-mail Address _____

Representative # 2 _____

E-mail Address _____

Individual:

Name _____

Address _____

_____ Phone _____

E-mail Address _____

Membership dues are used to support the educational and leadership development activities we sponsor throughout the year. Annual dues cover the period of January 1st to December 31st.

Membership Options:

- \$15.00 – Individual
- \$30.00 – Non-Profit Organization/Government Agency
- \$45.00 – Business

Payment:

- Calendar Year 2016 \$ _____

Make check payable to **York County Hispanic Coalition**. Return this form and payment to:

York County Hispanic Coalition
P.O. Box 722
York, PA 17405