



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. Membership dues are non-refundable.

Membership Options:

- \$25.00 – Individual
- \$40.00 – Non-Profit Organization/Government Agency
- \$55.00 – Business

Payment:

- Calendar Year 2019 \$ _____

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