



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. Las cuotas de membresía son usadas para apoyar el desarrollo educativo y las actividades de liderazgo que patrocinamos durante el año. Las cuotas no son reembolsables.

Membership Options:

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

Payment:

\$ _____

Calendar Year 2022

Make check payable to **York County Hispanic Coalition**. Return this form and payment to:
Cheques pagables a **York County Hispanic Coalition**. Envien esta página y el pago a:

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