



JUNIOR LEAGUE OF YORK
Women building better communities

Junior League of York, Inc. Membership Application

Name _____

Address _____

Phone (h) _____ (w) _____

E-mail (h) _____ (w) _____

Husband's Name _____

Maiden Name _____

Birthdate _____

How did you find out about the Junior League?

I have a strong belief in voluntarism, a commitment to community service, and an interest in developing my potential for voluntary community participation. I am willing to be trained, to attend committee and membership meetings, and to assume fund raising responsibilities.

Signature _____

Please submit completed application to:

**New Members Chair
Junior League of York
166 W. Market Street
York, PA 17401**

**717-845-3041
717-846-6462(fax)**