



live. work. play. visit.

YORK CHESTER NATIONAL HISTORIC DISTRICT NEIGHBORHOOD ASSOCIATION ANNUAL MEMBERSHIP FORM *

Please join your neighbors by becoming a member today!

Name: _____

Street Address: _____

City, State, Zip Code: _____

Mailing Address (if different): _____

Please check if: Renewal Membership _____ New Membership _____

Email Address/addresses (for member communications only): _____

Number of years you've lived in the York Chester neighborhood? _____

Optional Contact Information:

Home _____ Business _____ Cell _____ Other _____

We list member last names on our website, and if District residents, with their street names (without house numbers). An example would be *The Smith-Bolton Home, West Fifth Avenue* or *The Smith Home, Edgewood Circle*. Please print clearly the family name(s) as you'd like to appear on our list of members:

Please list as: _____

If you do not wish to be listed as a Member, please check here _____

Please let us know if you'd like to volunteer to help your neighborhood become an even better place to live!

Check any or all committees that you may have an interest in joining:

Community Development	Neighborhood Enhancement
Events	Membership
Home Tour volunteer	Marketing/Promotions
Having my home on the Home Tour	Other (please describe)

Membership levels (please indicate your choice)

_____ FREE New Resident Household (Reserved for addresses within the national historic district per the official map.)

_____ \$25 Resident Household (Reserved for addresses within the national historic district per the official map.)

_____ \$30 Non-resident Friend of York Chester

_____ \$40 Business Supporter of York Chester (Email a high resolution logo for inclusion on our website. Business Partners receive free membership. Please use our Partner form if interested in offering a discount to our members.)

Please pay online, and then send your completed membership application us at membership@yorkchester.org or by mail to the following address. If you prefer to pay by check, please make your check payable to YCNHDNA and send both to:

**YCNHDNA
Post Office Box 2497
Gastonia NC 28053-2497**

Any other thoughts or ideas you'd like to share with us? Please get in touch. We are here to help.

All information submitted on this form will be confidential and will not be shared or used for any purpose not related to the organization. Membership is not a right of residency and is subject to Board approval. Payment refunded only if membership application is rejected. Payments received with no associated membership application will be considered donations after 30 days.

**Membership applications submitted initiated after July 1st will be valid for both the current and next calendar year.*

YCHDNA USE: Pmnt # _____ Date Rec'd _____ Amount _____ Memblist _____ Website updated _____ Confirm _____