Application for Membership York Chapter #67

Izaak Walton League of America

Name:			Date of birth:	
Address:				
City:			Telephone:	
Primary Email (no work or sc	hool please):			
Have you ever been convicte	d of a crime? Yes	No	Please elaborate if you answered "Yes"	
Your signature below gives u	s permission to cond	luct a requ	ired background investigation	
Signature:				
Spouse's name (if spousal me	embership)			
Telephone:			Date of birth:	
Primary Email (no work or sc	hool please):			
Have you ever been convicte	d of a crime? Yes	No	Please elaborate if you answered "Yes"	
Signature:				
	We will never sha	re any of yo	our information, including email	
			not fill our area below this line	
- You must attend an orienta	•	-		
Orientation Date:	Signed by: _			
- You must attend a Member	rship Meeting (3 rd Tı	uesday of	every month at 7:00 PM)	
Open Meeting Date:	Signed by: _			
- Your application must be s	ubmitted with all fee	es		
(Single membership \$110 per	r year plus \$75 initiat	tion fee = :	\$185)	
(Spousal membership \$167.5	0 per year plus \$75 i	initiation f	ee = \$242.50)	
Amount accepted:	Received by: _			
Background check results:			Date:	
Board approved date:		Membe	ership approved date:	