



Join the **YORK TWINNING ASSOCIATION** *experience*

2024 Membership Application

Mission Statement . . .

“To create opportunities for personal contacts while gaining mutual respect and international friendship through organized exchange programs with our twin cities.”

*** Due to the rising cost of printing, postage, and handling for YTA Tete newsletters, there will be an additional yearly fee of \$20.00 for those wishing to receive hard copies of Tete mailed to them in 2024. We will continue to email copies of the Tete newsletter to all members at no charge. Thank you for your understanding and support!

**I am pleased to support York Twinning Association through December 2024!
Please check all that apply.**

___ Student \$10 ___ Single Adult \$20 ___ Two people \$30 ___ Family (3+ people) \$40

___ Additional donation of \$___ ___ ***Fee for printed copies of Tete \$20

Total due for 2024 \$_____

*A percentage of membership fees supports the Marguerite Eriksson Scholarship Fund.
York Twinning Association is a 501(c)3 non-profit organization. Donations are appreciated.
Please complete all information so our records can be updated.*

Name _____

Street Address _____

City / State _____ Zipcode _____

Mobile Phone _____ Other phone _____

Email address _____

Please check box if you **DO NOT** want to be included in the YTA membership directory.

I am interested in helping the organization with the following:

- | | | |
|---------------------|----------------------------|----------------------------|
| ___ Membership | ___ FUNdraising activities | ___ Hospitality |
| ___ Newsletter | ___ Social Media | ___ Publicity/Marketing |
| ___ Programming | ___ Finance | ___ Student Exchanges |
| ___ Adult Exchanges | ___ YTA Officer | ___ Other (please specify) |

Return this membership form and payment made out to York Twinning Association to:

**York Twinning Association
P.O. Box 21318
York, PA 17402**