



## YWCA ALLIANCE MEMBERSHIP APPLICATION FORM

Join us! The YWCA Alliance welcomes all who seek to eliminate racism, empower women, and embrace peace, justice, freedom and dignity for all.

Membership gifts sustain our work and change lives. Print and complete this form and mail it along with your check made payable to **YWCA Alliance to 239 East Market Street, Alliance, Ohio 44601.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Circle or Enter an Amount:

Basic            \$20

Heritage        \$25

Sustaining     \$60

Patron          \$100

Angel            \$150 and above

\_\_\_ I am interested in volunteering.

**Thank you!**