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!