



Berks County YR Club

P.O. Box 6144 • Wyomissing, PA 19610

Parkside Dr. • Thrush Rd.

Phone: (610) 376-1303 • Fax: (610) 376-2283

MEMBERSHIP APPLICATION

(PLEASE PRINT OR TYPE)

DATE: _____

APPLICANT'S FULL NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

OCCUPATION: _____

E-MAIL: _____

HOME PHONE

BUSINESS PHONE

CELL PHONE

EMAIL ADDRESS

SPOUSE'S NAME: _____

THE FOLLOWING MUST BE ATTACHED:

(1) PHOTO ID OR DRIVER'S LICENSE

(2) APPROPRIATE FEE

SPONSORING MEMBER'S NAME _____ PLEASE PRINT _____ MEMBER # _____

SPONSORING MEMBER'S SIGNATURE _____ DATE _____

NOTICE TO APPLICANT: PROCESSING OF THE APPLICATION MAY TAKE 4 TO 6 WEEKS, DEPENDING UPON TIME OF SUBMISSION AND RELATIONSHIP TO MONTHLY BOARD MEETING. WE ENCOURAGE YOU TO UTILIZE THE CLUB AND ITS FACILITIES DURING THIS INTERIM PERIOD.

ANNUAL MEMBERSHIP

\$180.00

MAKE CHECK PAYABLE TO
"BERKS COUNTY YR CLUB"

TOTAL DUE \$ _____

FOR OFFICE USE ONLY:

DATE SUBMITTED _____

DATE APPROVED _____

MEMBER NUMBER _____

PLEASE NOTE: THE YR CLUB HAS MINIMUM SPENDING REQUIREMENTS OF \$60 PER QUARTER.

QUARTERS RUN AS FOLLOWS:

JANUARY - MARCH / APRIL - JUNE / JULY - SEPTEMBER / OCTOBER - DECEMBER

"MEMBER" ACCOUNT NUMBER AND SIGNATURE SHOULD APPEAR ON ALL PURCHASES TO ASSURE PROPER ACCOUNT CREDIT. CLUB PURCHASES MAY BE MADE BY CASH, CHECK OR CREDIT CARD.

X

APPLICANT'S SIGNATURE

I agree to and will fully comply with all areas of the Berks County YR Club Member Information/Guidelines Form.