



# Berks County YR Club

1029 Thrush Road • Wyomissing, PA 19610  
Phone: (610) 376-1303 • Fax: (610) 376-2283

## LEGACY MEMBERSHIP APPLICATION (PLEASE PRINT OR TYPE)

MEMBER IN GOOD STANDING CAN SPONSOR A MOTHER, FATHER, CHILD, GRAND CHILD,  
BROTHER OR SISTER TO THE YR CLUB FOR 1/2 OFF THE FIRST YEAR ANNUAL DUES (\$90.00).

DATE: \_\_\_\_\_

APPLICANT'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### THE FOLLOWING MUST BE ATTACHED:

(1) PHOTO ID OR DRIVER'S LICENSE  (2) APPROPRIATE FEE

SPONSORING MEMBER'S NAME _____ <small>PLEASE PRINT</small>	MEMBER # _____
SPONSORING MEMBER'S SIGNATURE _____	RELATIONSHIP _____

APPLICATIONS FOR MEMBERSHIP ARE SUBJECT TO INITIAL REVIEW BY THE CLUB'S MEMBERSHIP COMMITTEE AND FINAL APPROVAL BY THE BOARD OF DIRECTORS.

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.

ANNUAL MEMBERSHIP	\$180.00
LEGACY (1/2 - First year only)	\$90.00
MAKE CHECK PAYABLE TO "BERKS COUNTY YR CLUB"	TOTAL DUE \$ <u>    \$90.00    </u>

<b>FOR OFFICE USE ONLY:</b>
DATE SUBMITTED _____
DATE APPROVED _____
MEMBER NUMBER _____

**X**  
APPLICANT'S SIGNATURE \_\_\_\_\_

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