

MEMBERSHIP FORM

YES, I want to join with the **YWCA of Ulster County** to provide a strong, unified voice for women!! My support will ensure that the YWCA continues its commitment to our area's women, children and families.

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP CODE:** _____

TELEPHONE: _____

E-MAIL: _____

- **Voting Member (women)** \$25
- **Senior Citizen (women)** \$15
- **Associate Member (men)** \$25
- **Patron** \$50
- **Sustainer** \$100
- **Friend** \$25
- **Organization** \$500

Please print this form, complete it and forward with your check made payable to:

YWCA of Ulster County

209 Clinton Ave., Kingston, NY 12401

Phone: 845 338-6844

Fax: 845 338-0620

E-mail: info@ywcaulstercounty.org

A copy of our latest Annual Report may be obtained upon request.