



MEMBERSHIP APPLICATION

Please Print

Name: _____

Address: _____

City: Portsmouth State: VA Zip: _____ DOB: ____/____/____

Email: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Other: _____

IN CASE OF EMERGENCY (*if under 18 years of age*)

School Name: _____

Grade Level: _____

Employer: _____

Position: _____

Signature

Date

Membership Dues Information

| | | |
|--------------------|-----------------------------|---------|
| Regular Membership | 18-36 yrs old | \$20.00 |
| College Membership | ID required | \$10.00 |
| Youth Membership | 13-17yrs old ID required | \$5.00 |

FOR USE BY THE SECRETARY OF THE PYD

Admitted to Membership: _____, 2009 _____ Chair's Initials