



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