



**MEMBERSHIP FORM**

**Personal Details:**

Name: .....

Address: .....

City/Town .....

County .....

Post Code .....

D.O.B. (under 18) only .....

**Contact Details:**

Telephone: Work .....

Telephone: Home .....

Mobile: .....

Email address: .....

Are you interested in Travel facilities to Away games? Yes/No

Do you have any skills/ideas that could help fundraising? Yes/No

Can we contact you to volunteer? Yes/No

Are you a member of York City Supporters' Trust? Yes/No

I enclose my membership fee of:  
**£5 (Adult)      £2 (Junior)      £10 (Family Membership 2 Adults + Junior family members)**

Please make cheques payable to: YORK MINSTERMEN

Signed:.....