

Membership Application to the York County Racing Club

Name _____

Address _____

City/State/Zip _____

Phone No. (_____) - _____ - _____

Annual Membership Fee:

Individual Membership \$15.00

Family Membership \$17.00

Family Plan consist of Spouse and Family Members up to the age of 18 living at home

Name _____

Name _____

Name _____

Name _____

If membership is for a driver:

Driver Name: _____ Division: _____

Check here is application is: ___ NEW ___ RENEWAL

Please select how you would like to receive your newsletter:

___ US MAIL

___ EMAIL _____

Make checks payable to YCRC and send to:

Karen Miller
568 Yale Street
York, PA 17403
(717) 846-3036