

YMIA

Membership Application

Name: _____

Residence: _____

Mailing Address: _____

State:/ Zip: _____

Phone: _____

Email: _____

Annual Dues: \$10.00 per person or \$20.00 per family

Make Checks Payable to: YMIA

Mail to : YMIA Membership Chair

3133 Balsa, Yucca Valley, CA 92284