



## MEMBERSHIP AND INVOLVEMENT OPPORTUNITIES

(Please print clearly.)

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Referring Member \_\_\_\_\_

Annual Member (\$75 individual, \$115 per married couple)

Lifetime Member (\$350 individual, \$500 per married couple)

Other Contribution Amount \$ \_\_\_\_\_

**I would like to learn more about volunteering for the following Committee(s):**

- Charity Selection
- Development
- Membership
- Social

**Payment type (please circle one):** Cash / Check / Credit Card      **Amount:** \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Card Type and Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Three Digit Security Code (on back of card): \_\_\_\_\_

For membership questions, please contact [membership-dallas@ytac.org](mailto:membership-dallas@ytac.org)

**Please return this form with payment to:**

**Young Texans Against Cancer \* 2807 Allen Street #347 \* Dallas, TX 75204**

**[www.ytac.org/dallas](http://www.ytac.org/dallas)**