

# York County Bar Association

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## DUES RECEIPT

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Dues Enclosed: \$30.00 per year      Amount enclosed \$ \_\_\_\_\_

BIO:

### CONSENT FORM

I, \_\_\_\_\_, hereby consent to allow the York Bar Association to use my name, picture and e-mail address on its website.

\_\_\_\_\_  
Signature