

YORK BAR ASSOCIATION

DUES RECEIPT FOR 2024 MEMBERSHIP

Name: _____

Address: _____

Telephone: _____

E-mail Address: _____

Dues Enclosed: **\$40.00 per year** **Amount Enclosed:** _____

KINDLY SEND FORMS AND PAYMENT TO:

TREASURER, YORK BAR ASSOCIATION
c/o BERGEN & PARKINSON LLC
ATTENTION: SCOTT EDMUNDS
62 PORTLAND ROAD SUITE 25
KENNEBUNK, MAINE 04043