



YORK CHAPTER NO. 67  
IZAAK WALTON LEAGUE OF AMERICA  
[www.yorkiwa.org](http://www.yorkiwa.org)  
7133 Ironstone Hill Road, Dallastown, PA 17313  
**JUNIOR CHAPTER MEMBERSHIP RENEWAL**



Name \_\_\_\_\_ Date: \_\_\_\_\_  
(Last, First Middle)

Address \_\_\_\_\_  
\_\_\_\_\_

Phone # (Home & Cell): \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_  
(Month Day, Year)

Are your Parents a current member of the Izaak Walton League?  YES  NO Grade in School \_\_\_\_\_

Parents names \_\_\_\_\_

Parent's Address & Phone numbers (if different) \_\_\_\_\_  
\_\_\_\_\_

Parents E-mail address: (to send group activity info & updates) \_\_\_\_\_

Who to Contact in case of emergency: \_\_\_\_\_

Emergency Contact's Phone numbers: \_\_\_\_\_

Do you have any Allergies or Conditions we need to be aware of? \_\_\_\_\_ If so please list \_\_\_\_\_  
\_\_\_\_\_

What are your hobbies & interests? \_\_\_\_\_

E-mail address(es): (to send group activity info & updates) \_\_\_\_\_

If accepted into membership, will you promise to abide by all rules and regulations of the Junior Chapter, and to obey any instructions given by the Grounds Keeper, Senior Members, Junior Chapter Chairman, and Junior Chapter Committee Members? Answer:  YES  NO

Signature of Junior Member \_\_\_\_\_ Date: \_\_\_\_\_

Signature or Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**\*PHOTO RELEASE:** I will allow photos of my child to be used in club promotion purposes  YES  NO

\*Signature or Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Signature Junior Chapter Chairman or Membership Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

**If mailing renewal form send with the \$5.00 annual dues to:  
IWLA 67 JUNIOR CHAPTER, 7131 Ironstone Hill Rd., Dallastown, PA 17313**