



## **2024 Young Adult Alliance** ***General Membership Application***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

AMHA Membership #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am an: (please check one)

Amateur

Professional

I am interested in being involved in: (Please check as many as needed)

YAA Council

YAA Fundraising Committee

YAA Events Sub-Committee

YAA Marketing & Social Sub-Committee

YAA Educational Sub-Committee

YAA Rules & Regulations Committee