

Canadian YMCA Alumni

Please add/renew me/us as member(s) of the Canadian YMCA Alumni
for the year 2021

PLEASE PRINT:

Name: _____
(Surname) (Given Name)

Name of Spouse/Partner: _____

Please allow us to update/verify our records by filling in all spaces below.

Address: _____

City: _____ (Street) (Apt/Unit No.)
Prov: _____ Postal Code: _____

Phone Number(s): _____

E-Mail Address: _____

NOTE: We provide each member with a Roster of all members' contact information, including mail and e mail address and phone numbers, to allow members to connect with one another.

We would like to celebrate your birthday: Month: _____

Class of Annual Membership, please indicate (X)

Individual \$25.00 ()

Self and Spouse/Partner \$40.00 ()

I/we wish to be members but request the fee be waived for this year ()

**Please make your cheque payable to "Canadian YMCA Alumni". Please mail your cheque with this completed form to:
Canadian YMCA Alumni 31 Esther Anne Drive, Orillia, Ontario, L3V 3G8**

OR

E Transfer to : ymcaalumnimembership@gmail.com

PLEASE WRITE "MEMBERSHIP" and your name ON THE MESSAGE LINE.

To Unsubscribe contact: editor.cdnyalumni@gmail.com