YMHA MEMBERSHIP APPLICATION

Web: www.ymha.ca E-mail: news@ymha.ca

Mr. / Dr. / Mrs. / Miss / Ms.: (circle prefix)				
Name:				
Birth date:	M/D/Y://	_		
Address:				
City:		Postal code:		
Home phone:				
Business phone:				
Cell phone:				
Profession (optional):				
E-mail address:	@			
Spouse First & Last name:				
Spouse birthdate:	Month: Day _	Year 19		
	ıll children, regardless of age o ependant adult children.	or marital status). Please		
Child 1 Full Name:		Gender: M/F:		
Birthdate: M/D/Y	7:/ Mari	tal Status:		
Child 2 Full Name: Gender: M/F:				
Birthdate: M/D/Y	7: / Mari	tal Status:		

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Child 3 Full	Name:			Gender: M/F:
Birthdate:	M/D/Y:	/	/	Marital Status:
Child 4 Full	Name:			Gender: M/F:
Birthdate: Please submit a	M/D/Y: n additional shee	/ et if you ha	ve more the	Marital Status:
Please initial	the following:			
I c	ertify that I am	in good h	nealth <u>AN</u>	ND that I am of the Jewish faith
	certify that I am ood health	ı married,	and my s	pouse is of the Jewish faith <u>AND</u> is in
I c	certify that I am	married,	and my s	pouse is NOT of the Jewish faith
	ersigned, de		_	ve statements to be true.
SIGIMITO	ILE OF THIE	10/11/1		DITTE
PROI	POSER		-	SECONDER
	t payment with the same that t			, based on the rates below:
Annual members		er, but not ye		\$136.00 + HST = \$153.68 post-secondary school)\$0.00
Note: New memb	ers of any age pay	, the full year	rs dues in t	he year of joining, dues are not pro-rated.
Age 41 or older, Age 46 or older,	but not yet attained but not yet attainte	ed the age 46 ed the age 51		not a previous member) . \$500.00 + HST = \$565.00