

YMHA MEMBERSHIP APPLICATION

Web: www.ymha.ca

E-mail: info@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____

Children (please list all children, regardless of age or marital status). Please indicate any infirm/dependant adult children.

Child 1 Full Name: _____ Gender: M/F: _____

Birthdate: M/D/Y: ____ / ____ / ____ Marital Status: _____

Child 2 Full Name: _____ Gender: M/F: _____

Birthdate: M/D/Y: ____ / ____ / ____ Marital Status: _____

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