



We build strong kids, strong families, strong communities.

Member Information Update

First Adult Name _____ MI _____ Last _____ M/F _____

Birth Date _____ E-mail Address _____

Address _____

City _____ County _____ State _____ Zip Code _____

Home phone _____ Cell _____ Work phone _____

Employer _____

2nd Adult First Name _____ MI _____ Last _____ M/F _____

Relationship to First Adult _____ Birth Date _____

Cell _____ Work phone _____

Employer _____

How would you like to receive the YMCA's Class Schedule?
 e-mail pick up at YMCA by mail

Family Membership Information (List last name if different)

Children/Dependent's Names	M/F	Birth Date	Relationship	School	Grade

Date: _____ Staff initials: _____