



Membership **CATEGORY CHANGE**

ONE WEEK notice before draft date required

Today's Date: _____ My Current Draft Date: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Phone Number: _____

If you have any questions, you may contact Laura Ryan, Membership Administrator:

lryan@newcanaanyymca.org or 203-966-4528, ext. 166

Signature: _____

Front Desk Staff:

	From	To	New Monthly Fee
Membership Type			\$

If new membership consists of **more family members**, please have member complete and attach a new membership application.

If current membership(s) include **Annual(s) (Preschool/Youth/Student)**, please attach receipt(s).

FD Staff Initials: _____ **Date:** _____