



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: _____

Please direct questions to Laura Ryan, Membership Administrator: lryan@newcanaanymca.org

(203) 920-1629

Signature: _____

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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:** _____