



Membership VERIFICATION

ONE WEEK notice required

Today's Date: _____

My Draft Date: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Phone Number: _____

How to forward to Member: Pick-up box Email: _____

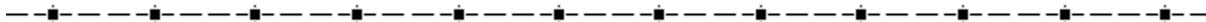
Information Requested:

Membership Payment History From ___/___/___ To ___/___/___

Frequency of Visits Report From ___/___/___ To ___/___/___

Please direct questions to Laura Ryan, Membership Administrator: lryan@newcanaanymca.org
(203) 920-1629

Signature: _____



Front Desk Staff:

Initials: _____ **Date:** _____