



Membership **REACTIVATION**  
From Travel Suspension

Today's Date: \_\_\_\_\_

My Draft Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please direct questions to Laura Ryan, Membership Administrator: [lryan@newcanaanyymca.org](mailto:lryan@newcanaanyymca.org)

(203) 920-1629

**Signature:** \_\_\_\_\_

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**Front Desk Staff:**

Please review saved checking account / credit card information with member and update as necessary.

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_