

Garfield YMCA
Youth Membership Application
PLEASE PRINT CLEARLY

Child's Name _____ Phone No. _____

Address _____ City, State & Zip _____

Date of Birth _____ Present Age _____ Sex M ___ F ___

Mother's Name _____ Fathers Name _____

In Case of emergency: Name _____ Phone _____

*I understand that membership fees are not refundable and they cannot be transferred to another person.
Membership is continuous unless written notice of resignation is given.*

Signature of Parent/Guardian

.....
FOR OFFICE USE ONLY

TYPE OF MEMBERSHIP: YOUTH MALE YOUTH FEMALE

SR. YOUTH MALE SR. YOUTH FEMALE

NEW RENEW AMOUNT PAID _____ TODAY'S DATE _____ EXPIRES _____

PHOTO # _____ RECEIPT NUMBER _____

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