



CAPITAL DISTRICT YMCA 20/20 MEMBERSHIP PROGRAM

Bring this card to the branch you plan to join.

Current Member Name: _____

Current Member Date of Birth: _____ / _____ / _____

Current Member ID #: _____

Current Member Phone #: _____

Referred Member Name: _____

Referred Member Date of Birth: _____ / _____ / _____

Branch: _____

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