



Y-GUIDES

Membership Form

Western Reserve YMCA Rolling Plains Longhouse

2008-2009



Questions: Riverfront Family YMCA, 544 Broad Blvd., Cuyahoga Falls, OH 44221 (330) 923-5223

PLEASE PRINT

Check one: renewal member new member
 Father's name: _____
 Address: _____
 City: _____ Zip Code: _____
 Home phone: _____ Work phone: _____
 E-mail address: _____
 Child name: _____ Birth date: _____ Age: ____ Grade: ____
 Child name: _____ Birth date: _____ Age: ____ Grade: ____

RENEWAL (Existing members only)	
Tribe name: _____	Chief's name: _____
NEW MEMBERS ONLY	
<input type="checkbox"/> Please assign us a tribe. We are available for meeting once a month on the following nights: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
<input type="checkbox"/> We would like to join an existing tribe. Tribe or Chief's name: _____	
<input type="checkbox"/> E-Mail Address: _____	

Son's Shirt Size
 Y-Small Y-Medium Y-Large A-Small A-Medium A-Large

My son(s) and I are interested in joining the YMCA Y-Guides program and agree to live up to the aims of the YMCA Y-Guides.

Father's signature: _____ Date: _____

	<i>New Member</i>	<i>Renewal membership</i>	
		<i>Before 10/15</i>	<i>After 10/15</i>
Father and one son	\$45.00*	\$30.00	\$40.00 \$ _____
Each additional son	\$ 9.00	\$ 5.00	\$ 8.00 \$ _____
Additional headband	\$ 2.50	\$ 2.50	\$ 2.50 \$ _____
Additional patch	\$ 2.50	\$ 2.50	\$ 2.50 \$ _____
New Member Referral Credit	\$ 5.00	Credit	\$ - _____
TOTAL ENCLOSED:			\$ _____

* Fee includes patches and headbands **Dues are Free with Family Membership**

Checks should be made payable to:
WRYMCAIG

Mail to: Western Reserve Y-Guides
P.O. Box 492
Hudson, OH 44236-0492

Wampum Bearer Use Only
Check # _____ Received _____
Tribe Name: _____
Nation: _____
Kit Received: _____

For More Information, Check out our website at: www.wrymcaig.org