



Y-GUIDES

2010-2011 Membership Form
Western Reserve YMCA
Rolling Plains Longhouse



PLEASE PRINT

Check one: Renewal Member New Member
 Father's name: _____
 Address: _____
 City: _____ Zip Code: _____
 Home phone: _____ Work phone: _____ Cell phone: _____
 E-mail address: _____
 Son's name: _____ Birth date: _____ Age: _____ Grade: _____
 Son's name: _____ Birth date: _____ Age: _____ Grade: _____

Returning Members Only:

Tribe Name: _____ Chief's Name: _____

New Members Only:

- Please assign us to a tribe, we are available for meeting once a month on the following nights
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- We would like to join an existing tribe. Tribe name or current tribe member: _____

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

Father's Signature: _____ Date: _____

	<i>New Member</i>	<i>Renewal Membership</i>		
		<u>Before 10/15</u>	<u>After 10/15</u>	
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 family referral credit*	-\$10.00	-\$10.00	-\$10.00	\$ - _____
TOTAL ENCLOSED:				\$ _____

* Name and tribe of referred family/families: _____

Annual fee includes patches and headbands, dues are free with YMCA Family Membership

Checks should be made payable to: WRYMCAIG

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

Wampum Bearer Use Only
Check#:
Tribe Name:
Nation:

Received:

For more information please visit our website: www.wrymcaig.org
If you have questions please call the Riverfront YMCA, Cuyahoga Falls, Ohio - (330)923-9662