



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

RECEIVE A **FREE** MONTH OF MEMBERSHIP

MEMBER REFERRAL

Fill in your information and give this to a friend.
When your friend joins, you receive a free month.
12 new friends = 12 free months.

Current Member Information

Member Name: _____ **Birth Date:** _____

Member Signature: _____

New Member Information

Member Name: _____

Please bring this form with you when you join.

www.CDYMCA.org