

Y's Men of Meriden
Membership Application

Please print

Date: _____

Name of
Member: _____

Spouse: _____

Address: _____

City _____ State _____ ZIP _____

Phone: _____

Birth date: _____

Email: _____

Hobbies, special interest and skills (optional)

Y's Men of Meriden annual dues are \$10.

I enclose my check for \$10 payable to the **Y's Men of Meriden**.

Please return application and check to the Y's Men Treasurer.

Payment Date: _____

Meriden YMCA

Y's Men of Meriden Membership Application
110 West Main St., Meriden CT 06451
203-235-6386

Please print

Date: _____

Name of
Member: _____

Spouse: _____

Address: _____

City _____ State _____ ZIP _____

Phone: _____

Birth date: Month _____ Year _____

YMCA Basic Membership fee is \$76.

() I enclose my check for \$76 payable to the **Meriden YMCA**.

Please return to the YMCA office address noted above.