



# 2025 MEMBERSHIP RENEW-BY-MAIL FORM

**Name (Primary Member) \***

First \_\_\_\_\_ Last \_\_\_\_\_ E-mail \_\_\_\_\_ Date of Birth \* \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name (Spouse/Partner)**

First \_\_\_\_\_ Last \_\_\_\_\_ E-mail \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address\***

Line 1 \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Chapters (no dues for the second chapter):**

\_\_\_\_\_

\_\_\_ Individual \_\_\_ Household

**PAYMENT: Please pay the amount for your Chapter and membership type.**

Dues: \$ \_\_\_\_\_

Optional:

Donation to Chapter \$ \_\_\_\_\_

Donation to National \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

\_\_\_ Check enclosed payable to YMCA Alumni

