



Membership Reconnect 2027

Name (Primary Member) * required information

First _____ Last _____

Name (Spouse/ Partner)

First _____ Last _____

Address * _____

City _____ State _____ Zip _____

Email (Primary Member) *

Email (Spouse/Partner)

Phone *

Primary DOB *

Spouse/Partner DOB

_____/_____/_____/_____/_____/_____

Chapter _____

Dues \$ _____ Donation \$ _____

National Donation \$ _____

Second Chapter (no dues) _____

Total Enclosed \$ _____

Make check payable to:

YMCA Alumni

Attn: Lowell Nees, Asst' Treasurer

PO Box 133

Bowling Green, OH 43402

NOTE: Each chapter determines its portion of the annual membership dues. Donations also support all chapters and the national organization. You may donate online or by mail at the same time you re-connect.