

2026 Membership Re-Connect-by-Mail

| Name (Primary Memb | Oer) * required inforr | mation | |
|-----------------------|------------------------|---------------------------------------|--------------------|
| First | | Last | |
| Name (Spouse/ Partn | er) | | |
| First | | Last | |
| Address * | | | |
| City | | State | Zip |
| Email (Primary Memb | oer) * | Email (Spouse/Partner) | |
| Phone * | | Primary DOB * | Spouse/Partner DOB |
| | | | |
| Chapter | | | |
| Dues \$ | Donation \$ | | |
| National Donation \$ | | | |
| Second Chapter (no de | ues) | · · · · · · · · · · · · · · · · · · · | |
| Total Enclosed \$ | | | |

Make check payable to:

YMCA Alumni

Attn: Lowell Nees, Asst' Treasurer
PO Box 621

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.