



# OSWEGO YMCA INSURANCE BENEFIT MEMBER

Silver Sneakers

Silver & Fit

Renew Active

**Insurance Program ID** \_\_\_\_\_

(Please call the number on the back of your insurance card)

<b>MEMBERSHIP INFORMATION</b>	_____		
	<b>Member Name</b>	DOB	Gender
	Street Address		
	City	State	ZIP
	Phone	Email	
<b>EMERGENCY</b>	_____		
	Contact Name	_____	
	Phone Number	Relationship	
<b>At the YMCA, we are dedicated to helping all kids grow up safe and strong. Therefore, we must ask if you have ever been placed on a sex offender registry:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>At the Y, strengthening community is our cause; offering financial assistance to ensure that every child, family and adult can enjoy the life-changing benefits of a YMCA membership.</b> I'd like to join the cause and donate \$ ____.	

**Member Signature Required on Other Side**

**Office Use Only**