

Immaculata University Student/YMCA Member Discount

Student First Name _____ Student Last Name _____

Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

YMCA Member Branch: _____

YMCA Office Use Only:

YMCA Membership Confirmed by: _____

(Name and Title of YMCA employee)

YMCA Branch: _____

Date: _____