

Kentucky YMCA Youth Association
2010-2011 Established Student Y Affiliation Form
 PLEASE TYPE OR PRINT

Circle One: Junior (grades 6-8) Senior (Grades 9-12)

School _____ Advisor _____

Mailing Address: _____

City: _____ Zip: _____ County: _____

School Phone: _____ Advisor Cell/Home Phone: _____

Advisor E-mail _____

Advisor's Planning Period: _____ Student Y Meeting Day & Time: _____

Before October 15, 2010: Number of Members: _____ X \$8.00= \$_____ Affiliation Fee

After October 15, 2010: Number of Members: _____ X \$10.00= \$_____ Affiliation Fee

Please enclose affiliation check and mail to:

Kentucky YMCA Youth Association, Inc.
 PO Box 4285
 Frankfort, KY 40604

IMPORTANT!
 Please be sure all addresses, e-mail addresses, and phone numbers are legible, correct, and complete.
AFFILIATION FEE IS \$8/MEMBER IF RECEIVED BY OCTOBER 15 OR \$10/MEMBER IF RECEIVED AFTER OCTOBER 15, 2010

OFFICERS	NAME	PHONE	E-MAIL	GRADE
President				
Vice-President				
Secretary				
Treasurer				
Service Chair				
Other				

PLEASE LIST REMAINING CLUB MEMBERS ON NEXT PAGE
 COPY NEXT PAGE AS MANY TIMES AS NECESSARY

