

Please fill in a new form for each child.

Each child must become a member of West London YMCA, which is £6.50 per year.

Child's Forename:

Surname:

Date of birth: ___ / ___ / ___

Boy Girl

Child's Age:

Title: Mr Mrs Ms Miss Other

Name of Parent/Guardian:

Address:

Postcode:

Telephone Numbers: Daytime:

Evening:

E-mail address:

How did you hear of us?

Would you be interested in doing voluntary work for West London YMCA? yes No

Does your child have any special requirements that we should be aware of:

I am A new member Existing member number: _____

Only fill this part of the form if you are registering your child for a class.
Please tick the relevant box: (see current brochure)

Spring **Summer** **Autumn**

Class	Day	Time	Studio	Amount
				£
				£
				£

YMCA Membership	£6.50
Total	£

Agreement & Consent:

I agree that my child's photograph may be taken and used in promotional material to publicise West London YMCA's children's activities.

Signed:

Date:

For Office use only:

Membership Paid

Receipt Number:

Received by:

Entered on computer

Membership card sent