



Y FRIENDS PARTNER APPLICATION

I have a _____ I would like to add to the Y FRIEND'S PARTNER list.
(type of business)

Offer: _____

Discount or benefit: _____

Is this an ongoing offer? Yes No

If not, what is the expiration date? _____ Will you renew?: _____

Contact name: _____
(PLEASE PRINT)

E-Mail address: _____

Phone number: _____

Name of business: _____

Address of business: _____

I understand that the member must present a current YMCA of the Palms membership card be eligible.

I authorize you to make any wording changes without changing the basic offer to streamline for list.

Signed

Date

What, if any, is your connection to the YMCA? i.e.: current member, volunteer, donor

RETURN APPLICATION TO: Robin Siewers, Communications Director, YMCA of the Palms
rsiewers@ymcapalms.org • (239) 598-5158 • (239) 597-8415 - fax