Y.W.C.A

Belize

By Love, Serve One Another

YWCA Belize Membership Form

I hereby apply to become a member of the Young Women's Christian Association of Belize and promise to participate in the activities of the association.

Name: _____ _____ _____
(as listed on national identification) First Middle Last

Address: _____ _____ _____ _____
Street City/Town District

Date of Birth: _____
dd/mm/yyyy

Tel (home):_____ (work):_____ (cell):_____

Email: _____

Occupation: _____

Employer/School attending: _____

Type of Membership:

- ☐ Full (17 years and above) - $50.00 per year
- ☐ Associate* & Juniors (16 years and below) - $25.00 per year
  (* Parents of students who are attending the YWCA Programme)

(N.B. An additional $10.00 is required for membership card)

Benefits of Membership:

- Discounted fees for all programmes offered by the Y
- Discount on the pool for parties
- Discount on catering services
- Discount at business partners (list to be published and updated on our webpage)

Signature:_____ Date:_____

(P.S. On approval of application, the banking information for direct deposit to YWCA's account will be provided. Thereafter the request for your card will be made and then issued)