



**GASTON COUNTY FAMILY YMCA
MEMBER-GET-A-MEMBER**

Current Member: _____

Member #: _____ **Join Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Joining Member: _____

Member #: _____ **Join Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

I understand by signing this form that I, the *current* member, am entitled to one (1) month of credit on my membership bank draft, and that this credit will be reflected on the month following the date of this form. I also understand that I must be a member for at least 24-hours in order to be entitled to such credit and that the joining member I referred must have their membership information in the Gaston County Family YMCA membership database. The Gaston County Family YMCA reserves the right to verify any and all information given before fully processing the credit request.

Current Member's Signature Date

Staff Use Only:

Staff Signature (taking form) Date

Date Processed Month of Credit Processed By