



20/20 Membership Benefit

YMCAGBC Referral Form

Staff

New Benefit Member

Mr. First Name Last Name
 Ms.
 Mrs.

Member Number	Membership Type
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	<input type="checkbox"/> 20/20 Young Adult <input type="checkbox"/> 20/20 Adult <input type="checkbox"/> 20/20 Active Older Adult <input type="checkbox"/> 20/20 AOA Couple <input type="checkbox"/> 20/20 Family
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Referring Member (current member)

Mr. First Name Last Name
 Ms.
 Mrs.

Member Number	Membership Type
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	<input type="checkbox"/> Young Adult <input type="checkbox"/> Adult <input type="checkbox"/> Active Older Adult <input type="checkbox"/> AOA Couple <input type="checkbox"/> Family <input type="checkbox"/> Staff
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For Office Use Only

- New Benefit Member application completed accurately
- New Benefit Member picture in eFinesstri
- New Benefit Member demographics entered in eFinesstri
- New Benefit Member phone, emergency and email entered in eFinesstri
- New Benefit Member where heard saved in eFinesstri
- New Benefit Member transaction processed accurately
- New Benefit Member relationship created
- Current Member upgraded 20/20 membership type
- Current Member relationship created
- Copy to Julie for Tracking
- Email sent to New Benefit Member
- Email sent to Current Member