



**NORTHERN BERKSHIRE YMCA  
Payroll Deduction Form**

**TO:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**RE:** Payroll Deduction/YMCA membership

**FROM:** Gail Cary, Membership Director

**DATE:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Type of M'shp:** \_\_\_\_\_

**Total Due:** \_\_\_\_\_

**Down Payment:** \_\_\_\_\_

**Weekly Deduction:** \_\_\_\_\_

**For** \_\_\_\_\_ **weeks.**

\_\_\_\_\_  
**Member's signature**

**Deductions should be forwarded monthly  
To the NB YMCA, 22 Brickyard Court,  
North Adams, MA 01247**