

Commitment to Privacy Opt-out / Reverse Opt-out Form

If you supply us with contact information, you may hear from the YMCA about important information regarding the YMCA program or service in which you are registered. You may also hear from us periodically about other YMCA programs and services that may interest and benefit you.

If you (and your family) do not wish to receive information about other YMCA programs or services, **please check the following Opt-out selection:**

Opt-out

I prefer not to hear about other YMCA-YWCA programs and services. I realize that by checking the "opt-out" selection I may not be made aware of other YMCA programs, services, and opportunities which may interest and benefit me (and my family).

You will receive confirmation of your "opt-out" selection. Please allow 15 business days to update our records accordingly.

If you (and your family) wish to reverse a previous "opt-out" selection you sent to us, **please check the following Reverse Opt-out selection:**

Reverse Opt-out

I previously "opted out" of receiving information about other YMCA programs and services. I (and my family) now wish to be made aware of other YMCA programs, services, and opportunities that may interest and benefit me (and my family).

You will receive confirmation of your "reverse opt-out" selection. Please allow 15 business days to update our records accordingly.

In order to ensure we respect your choice, please provide the following information:

FIRST NAME	LAST NAME		
ADDRESS	CITY	PROVINCE	POSTAL CODE
TELEPHONE #1	TELEPHONE #2	EMAIL	
SIGNATURE	DATE		

Please mail or fax this form to:

YMCA of the National Capital Region
Membership Services
180 Argyle, Ottawa, ON K2P 1B7

Fax: 613-788-5022

INTERNAL USE:

DATE RECEIVED	DATE PROCESSED
CONFIRMATION SENT	STAFF NAME