



## YMCA-YWCA Commitment to Privacy Opt-out / Reverse Opt-out Form

### Your choice

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

If you (and your family) do not wish to receive information about other YMCA-YWCA 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-YWCA 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-YWCA programs and services. I (and my family) now wish to be made aware of other YMCA-YWCA 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 complete information:

Last / Family name:	
First name:	
Address:	
City and Postal Code:	
Telephone number:	(    )
2 <sup>nd</sup> telephone number:	(    )
Email(s):	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail or fax this form to:

**YMCA-YWCA of the National Capital Region**  
**Membership Services**  
**180 Argyle, Ottawa, ON K2P 1B7**  
**Fax: (613) 788-5022**

<b>Internal Use</b>	
Date received:	
Date processed:	
Confirmation sent:	
Staff name:	