

Salutation: _____Dr. _____Mr. _____Mrs. _____Miss _____Ms.
 Legal First Name _____ MI _____ Last Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Gender ____ Date of Birth _____ Email Address _____
 Employer _____ Department / Position _____

Emergency Contact: _____ Phone _____ Relationship _____

- All joining and membership fees are non-refundable. _____
- All annual memberships are non-refundable. _____
- Terminations and changes to monthly memberships require a 15 day written notice. _____
- I understand I must use my home YMCA 51% of the time. If I consistently do not, I understand my membership will be automatically transferred to the YMCA I am most utilizing and my fee will be adjusted accordingly. _____
- The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.
- I, those included on my membership, and my guests will adhere to the values of the YMCA: caring, honesty, respect, and responsibility while within the YMCA or while participating in any YMCA program. Failure to do so may result in my membership privileges being revoked.
- I understand that any child on this membership must be at least 13 years old to use the facility without adult supervision.
- I understand that any child on this membership age 13 and above must check with the department director prior to using the specific program area.