



MEMBERSHIP APPLICATION

Our Mission:

The YMCA of Southwestern Indiana, Inc., following the example of Jesus Christ, responds to community needs by serving all people, especially youth, through relationships and activities that promote healthy spirit, mind, and body.

Primary Applicant Information

Name: _____ MI _____ Last Name _____
 Birthdate: ____/____/____ Gender M F
 Mailing Address: _____ Apt# _____
 City: _____ State: _____
 Zip: _____
 Cell: (____) _____ - _____ Home: (____) _____ - _____
 Please provide an email address for online access and our informational newsletter.
 Personal Email: _____
 Employer: _____ Work Phone: (____) _____ - _____
 Emergency Contact: _____ Phone: (____) _____ - _____
 Church Affiliation: _____

I am Applying for

Check category for which you are applying

| | | |
|--|--------------------------|--|
| M E M B E R S H I P | <input type="checkbox"/> | YOUTH (ages 12-21) |
| | <input type="checkbox"/> | YOUNG ADULT (ages 22-29) |
| | <input type="checkbox"/> | ADULT (age 30+) |
| | <input type="checkbox"/> | TWO ADULTS (ages 21+) |
| | <input type="checkbox"/> | ONE ADULT (ages 12-64) + CHILDREN |
| | <input type="checkbox"/> | TWO ADULTS (ages 21-64) + CHILDREN |
| | <input type="checkbox"/> | SENIOR (age 65+) |
| | <input type="checkbox"/> | TWO ADULT SENIOR (primary must be 65+) |
| A D D | <input type="checkbox"/> | ADD ADULT(S) |
| | <input type="checkbox"/> | ADD GRANDKID(S) |
| S P E C I A L T Y | <input type="checkbox"/> | ACTIVE DUTY MILITARY |
| | <input type="checkbox"/> | VETERAN |
| | <input type="checkbox"/> | PASTORAL |
| | <input type="checkbox"/> | TRADE |
| | <input type="checkbox"/> | TEMPORARY EXP: |
| | <input type="checkbox"/> | STAFF |
| <input type="checkbox"/> | AFTER HOURS | |

Family Membership Information

| Name | Relationship | DOB | Gender M F |
|------|--------------|-----|------------|
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Easy Pay Payment Plan

My monthly draft will be on or near the 1st of each month from my:

Checking Savings (You will receive \$10 off of your first full month if you choose the bank account draft option)

 Bank Account holder name

Credit/Debit

Visa MasterCard AMEX

 Credit holder name

Annual Payment Plan Semi Annual Payment Plan

I must come into the Y and fill out a cancellation form. A form filled out on or after the first of the month will result in the account being drafted for the first of the month. the membership will be active until the end of that month.

 Signature of authorized account holder

 Date

By signing I agree to follow the terms and conditions of the above payment plan of my choice.

