



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: (____) _____ - _____

I am Applying for

Check category for which you are applying

MEMBERSHIP	<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+)	
	ADD	<input type="checkbox"/>	ADD ADULT(S)
		<input type="checkbox"/>	ADD GRANDKID(S)
SPECIALTY	<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

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.

By signing this member enrollment form, I agree that I and anyone listed as part of this unit will abide by the Y's Code of Conduct. I acknowledge that it's the policy of the Y to deny membership to individuals convicted of a sexual offense and that the Y checks its membership records for convictions monthly.

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the staff and volunteers from any claims or injury sustained during my use of the YMCA's program and facilities.

As a new member of the YMCA, you will receive a membership handbook today. The book contains YMCA policies and procedures that are important for you to be familiar with; we ask that you please review the membership handbook. By signing below, I verify that all of the information I have provided is accurate and that I have read and understand the above text. I also acknowledge I have received and understand that it is my responsibility to review the Membership Book.

Have you or anyone in this household ever been convicted of a SEXUAL OFFENSE? YES NO

Signature: _____ Parents Signature: _____ Date: _____
(Primary Account Holder) (If youth is under 18 and is the primary account holder)

FOR OFFICE USE

ASV Dunigan Employer _____ Membership Type _____ Join Date ___/___/___

Photo(s) taken Cards Membership Book

Staff initial _____ Membership Monthly Rate \$ _____ Membership Plus \$ _____ Members ID _____

Seasonal-Reason _____ Date Started ___/___/___ End Date ___/___/___
(Membership Director or Membership Lead Approval Required)

Staff Membership Director/Coordinator Name: _____ Branch: _____ Dept. _____

