



YMCA of Memphis & the Mid-South

MEMBERSHIP APPLICATION

OFFICE USE ONLY

Branch _____
 Date ____/____/____ Draft ____ 6mth ____ Annual ____
 Joining Fee ____ Monthly ____ Annual ____ Locker Fee ____
 AnnivDate ____/____/____ 1st Draft ____
 Mbr# _____ MbrType _____

PLEASE PRINT

PRIMARY MEMBER

Name _____ Informal Name _____ Phone _____ Bdate ____/____/____
First M Last
 Address _____ City _____ State _____ ZIP _____
 Sex: M F Marital Status: Single Married Ethnicity: African-American Caucasian Multiracial Other
 Asian Hispanic Native American
 I'd like to receive free e-newsletters from YMCA of Memphis & the Mid-South containing information on classes, programs, special offers, and tips and advice on wellness.
 Email Address _____ Cell phone _____ Occupation _____
 Employer _____ Address _____ Phone _____

FAMILY MEMBERS

SPOUSE INFORMATION*

Name _____ Informal Name _____ Bdate ____/____/____ Occupation _____
First M Last
 Employer _____ Address _____ Phone _____
 Sex: M F Ethnicity: African-American Caucasian Multiracial Other
 Asian Hispanic Native American

ADDITIONAL FAMILY MEMBERS*

Family Member Names	Informal Name	Sex	Birthdate	Ethnicity	School Attending

* It is the policy of the YMCA of Memphis & the Mid-South that all family members listed on a YMCA family membership must be IRS dependents of the primary member listed above. Proof may be required.

Areas of Interest

- | | |
|---|--|
| <input type="checkbox"/> Board Member/Volunteer | <input type="checkbox"/> Swim Team |
| <input type="checkbox"/> Family Activities | <input type="checkbox"/> Lifeguard Training |
| <input type="checkbox"/> Strength Training | <input type="checkbox"/> CPR/First Aid |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Aerobics |
| <input type="checkbox"/> Weight Management | <input type="checkbox"/> Running/Jogging |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Adult Sports |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Triathlon |
| <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Day Camp |
| <input type="checkbox"/> Swimming Lessons | <input type="checkbox"/> Children's Programs |
| <input type="checkbox"/> Water Exercise | <input type="checkbox"/> After School Programs |
| <input type="checkbox"/> Master Swim | <input type="checkbox"/> Teen Programs |

How did you hear about the YMCA?

- Website
 Radio
 TV
 Print or Newspaper
 Brochure
 Employer
 Doctor
 Member
 Other _____

Household Income (Optional)

- Unemployed <\$45,000
 <\$10,000 <\$60,000
 <\$15,000 <\$75,000
 <\$25,000 >\$75,000

Open Doors verification _____

Locker Fees (Millington/Fogelman only)

- Bankdraft
 Annual Locker # _____

Emergency Contact _____ Phone _____

Medical Alert Information _____

Physician _____ Phone _____

Physician _____ Phone _____

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Fee Assistance: The YMCA seeks to make its services available to all persons. Contact the Membership Department for more information.

AUTHORITY TO DRAW ACH DEBITS OR DRAFTS FOR MEMBERSHIP PAYMENTS

Savings Checking

Name on Bank Account	Joining Fee	1st month____ 2nd month____
Mailing Address	Membership	\$
PLEASE NOTE: 30 days advance notice from draft date in person or by a registered letter for cancellation.		\$
	Total Monthly Draft	\$

I have given authority to (Full name of Bank) _____ at (Address) _____
to honor preauthorized checks drawn by you on my account for membership payments as indicated above. It is understood that your sending of a preauthorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment. Should any preauthorized check not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a service charge. **Membership fees subject to change with a 30 day written notice to member.**

Depositor's Account Number	Signature of Bank Depositor (as shown on Bank Records)
Bank Route & Transit Number	

Have you ever had a membership or registered for a program at any YMCA of Memphis & the Mid-South?
YES _____ NO _____ If yes, which branch? _____ Under what name? _____

WAIVER

The YMCA of Memphis & the Mid-South will not assume responsibility for any injury incurred while participating in any athletic event, sports program, or any physically related activity. Certain risks are inherent during participation in these events.

The YMCA of Memphis & the Mid-South will not be liable for lost or stolen items while members and/or program participants are using YMCA facilities or are not on the YMCA premises. I, the undersigned for myself, my heirs and assigns, do hereby release the YMCA of Memphis & the Mid-South and its branches, employees and agents from any and all claims for injury, death, loss or damage I may suffer as a results of my participation.

I assume full responsibility for removing myself from any media opportunities that I do not wish to participate in. I hereby grant to YMCA the unrestricted right to use and publish photographic images of me, or in which I may be included, for marketing materials, YMCA websites or YMCA social networks, editorial trade advertising, and any other lawful purpose related to the YMCA.

I understand and agree that Bank Draft and a'la carte programs do not have an expiration date. To cancel a program or my membership, I must complete a cancellation form in person or send a registered letter, giving 30 days notice prior to my bank draft and return my permanent membership cards. (Cancellation forms may be obtained at the YMCA branch).

It is the policy of the YMCA of Memphis & the Mid-South that all family members listed on a YMCA family membership must be IRS dependents of the primary member listed on reverse side. Proof may be required.

I understand that prepaid semi-annual and annual memberships are non-refundable.

I understand that if I terminate my membership, and do not rejoin within 60 days, I must pay a new joining fee.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE ____/____/____
(if participant is 17 years or younger)

SIGNATURE OF MEMBER(s) _____ DATE ____/____/____

OFFICE USE ONLY

Date	Changes/Payments/Comments	Date	Changes/Payments/Comments