



MEMBERSHIP APPLICATION FORM

BRANCH #	MEMBER #	ID#
FACILITY ACCESS #		

ADULT NAME	TITLE	FIRST NAME	MI	LAST NAME
EMAIL ADDRESS				

PRIMARY MEMBER INFORMATION			
STREET		APT / PO BOX	
CITY	STATE	ZIP CODE	
HOME PHONE NUMBER	ALTERNATE / CELL PHONE NUMBER		
BIRTHDATE	GENDER		
HOW DID YOU HEAR ABOUT THE YMCA?			

PRIMARY MEMBER INFORMATION			
01	ADULT	BIRTHDATE	GENDER
ADULT'S EMAIL ADDRESS			
02	CHILD	BIRTHDATE	GENDER
03	CHILD	BIRTHDATE	GENDER
04	CHILD	BIRTHDATE	GENDER
05	CHILD	BIRTHDATE	GENDER

06	ADD ON ADULT	BIRTHDATE	EMAIL ADDRESS
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EMERGENCY INFORMATION	EMERGENCY CONTACT NAME	RELATIONSHIP	EMERGENCY PHONE NUMBER

EMPLOYMENT INFORMATION			
COMPANY NAME	JOB TITLE	PHONE NUMBER	
COMPANY ADDRESS	CITY	STATE	ZIP CODE

BANK ACCOUNT (attach voided check or certified bank letter)		CREDIT CARD INFORMATION		
NAME ON ACCOUNT		NAME ON CARD		
ACCOUNT NUMBER		ACCOUNT NUMBER		
NAME OF BANK		CARD TYPE	<input type="checkbox"/> MC	<input type="checkbox"/> VISA
ROUTING NUMBER		NAME OF BANK	EXP. DATE	
AMOUNT OF MONTHLY PAYMENT	DATE OF 1ST PAYMENT	MAKE A COPY CHECK & ID <input type="checkbox"/>		

I have read and agree to all the terms and conditions on the back of this form _____ (initials). I understand that I may cancel my YMCA membership at any point by doing so in writing with a 30 day written notice.

Member or Parent Signature (if under 18 yrs of age) _____ Date _____

MEMBERSHIP TYPE	JOINING FEE	BILLING METHOD	START DATE	END DATE	Y ACCESS AMOUNT	PRO-RATED AMOUNT	TOTAL AMOUNT DUE
PAR Q	MEMBERSHIP CARD	STAFF INITIALS	MEM DIR INITIALS	YMCA of Central Massachusetts			
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