

YMCA of Western North Carolina MEMBERSHIP APPLICATION

Branch Number

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Identification Number

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Today's Month/Day/Year

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NAME				
Title (Mr., Mrs., Ms., Dr.)	First Name	MI	Last Name	Nickname

RESIDENCE			
Street	City	State	Zip Code
Home Phone ()	Email Address		

BRANCH INFO
Which YMCA facility do you and/or your family plan to use most of the time:
<input type="checkbox"/> Asheville
<input type="checkbox"/> Corpening (McDowell County)
<input type="checkbox"/> Reuter (S. Buncombe County)

EMPLOYER
Company Name
Work Phone ()

INTERESTS
I am interested in receiving information about the following:
<input type="checkbox"/> Youth Sports <input type="checkbox"/> Fitness
<input type="checkbox"/> Teen Programs <input type="checkbox"/> Aquatics
<input type="checkbox"/> Child Care/Day Camp <input type="checkbox"/> Adventure Programs
<input type="checkbox"/> Family Programs

BACKGROUND														
Sex (circle one) Birthdate														
Male Female _____ / _____ / _____														
The YMCA strives to provide memberships and programs to all who desire to participate. The following confidential questions enable us to better serve our members and the community. It is also necessary information as we apply to different funding sources for assistance. Answering these questions is voluntary, but appreciated.														
<table border="0"> <tr> <td>HOUSEHOLD INCOME</td> <td>ETHNIC/RACIAL BACKGROUND</td> </tr> <tr> <td><input type="checkbox"/> Less than \$15,000</td> <td><input type="checkbox"/> Black or African American</td> </tr> <tr> <td><input type="checkbox"/> \$15,000 to \$29,999</td> <td><input type="checkbox"/> Hispanic or Latino</td> </tr> <tr> <td><input type="checkbox"/> \$30,000 to \$49,999</td> <td><input type="checkbox"/> American Indian or Alaska Native</td> </tr> <tr> <td><input type="checkbox"/> \$50,000 to \$74,999</td> <td><input type="checkbox"/> Asian or Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> \$75,000 or more</td> <td><input type="checkbox"/> White or Caucasian</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	HOUSEHOLD INCOME	ETHNIC/RACIAL BACKGROUND	<input type="checkbox"/> Less than \$15,000	<input type="checkbox"/> Black or African American	<input type="checkbox"/> \$15,000 to \$29,999	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> \$30,000 to \$49,999	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> \$50,000 to \$74,999	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> \$75,000 or more	<input type="checkbox"/> White or Caucasian		<input type="checkbox"/> Other _____
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We rely on volunteers to help us achieve our mission. If you are interested in helping out, please list your areas of interest:

How did you hear about our YMCA?

Radio Newspaper TV Mail School
 Internet/Email Word of Mouth Don't Know

Are you aware that the YMCA offers financial assistance for memberships and programs?

Yes No

EMERGENCY CONTACT
Name
Phone Number ()

MEMBERSHIP AGREEMENT
1. YMCA bank draft is a continuous membership plan. It is my understanding that if I wish to terminate or change my membership in any way, I must give 30 days notice in writing. Please initial: _____
2. I understand there are no refunds given. It is my responsibility to check my monthly bank statement and report any corrections within 30 days to the YMCA. Please initial: _____
3. The YMCA Board of Directors may adjust the monthly membership rate at any time. I understand 30 days notice will be mailed to the last address I have given to the YMCA. Please initial: _____
4. Should any membership draft not be honored by my bank for any reason, I realize I am still responsible for that payment plus a service fee applied by the YMCA. This is in addition to my bank's service fee. Please initial: _____
5. Membership cards remain the property of the YMCA and must be surrendered upon demand. Please initial: _____

FAMILY		
NAME (Last, if different)	BIRTHDATE	SEX
Spouse		
1)	/ /	
Children		
2)	/ /	
3)	/ /	
4)	/ /	
5)	/ /	
6)	/ /	
7)	/ /	
8)	/ /	
9)	/ /	

OFFICE USE ONLY
Membership / Payment Type
<input type="checkbox"/> Youth <input type="checkbox"/> Teen/College <input type="checkbox"/> Adult <input type="checkbox"/> Family
<input type="checkbox"/> Bank Draft <input type="checkbox"/> Full Pay <input type="checkbox"/> Amount Paid \$ _____

I hereby, for myself, my family, heirs, executors, and administrators, waive and release any and all claims and damages I may have against the YMCA of Western North Carolina and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I also grant full permission to the YMCA to use any photographs or video recordings taken of me or my family. I agree to comply with YMCA policies and procedures and understand that my membership can be revoked without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff and/or facilities.

Signature _____ Date _____ / _____ / _____

Parent or legal guardian must sign if applicant is under 18.