

YMCA of Darke County Membership Application



M.I.D. 01- 01 Member Code _____ New Renewal Perpetual Exp. Month _____

PRIMARY MEMBER	FIRST NAME		M.I.	LAST NAME	
	BIRTHDAY / /		GENDER		WOULD YOU ALSO LIKE TO RECEIVE YMCA MATERIALS AND UPDATES BY E-MAIL: <input type="checkbox"/> YES, PLEASE GIVE ADDRESS BELOW <input type="checkbox"/> NO

ADDRESS	STREET				
	CITY		STATE	ZIP CODE	

PHONE NUMBERS	HOME	BUSINESS	OTHER	E-MAIL ADDRESS	E-MAIL ADDRESS

EMPLOYER	COMPANY NAME		ADDRESS		
	CITY		STATE	ZIP CODE	

EMERGENCY CONTACT	NAME		HOME PHONE	BUSINESS PHONE

SPOUSE	FIRST NAME	LAST NAME (IF DIFFERENT)	BIRTHDAY / /	GENDER	OTHER PHONE
	SPOUSE'S EMPLOYER		BUSINESS ADDRESS	BUSINESS PHONE	

CHILDREN	FIRST	LAST (IF DIFFERENT)	BIRTHDAY / /	GENDER	FIRST	LAST (IF DIFFERENT)	BIRTHDAY / /	GENDER
	FIRST	LAST (IF DIFFERENT)	BIRTHDAY / /	GENDER	FIRST	LAST (IF DIFFERENT)	BIRTHDAY / /	GENDER
	FIRST	LAST (IF DIFFERENT)	BIRTHDAY / /	GENDER	FIRST	LAST (IF DIFFERENT)	BIRTHDAY / /	GENDER

In consideration of my/our participation in the activities of the YMCA, I/we do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees, and members, and do hereby for myself/ourselves, my/our heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereinafter accrue to me arising out of or connected with my/our participation in any of the activities of the YMCA. I/we grant the YMCA permission to take a photograph of anyone listed on this form for the purpose of YMCA publicity. I/we agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook. I/we understand that memberships are non-transferable and joiner's fees are non-refundable.

Member's Signature _____ Date _____

NEW MEMBER CHECKLIST (OFFICE USE ONLY - Staff Initial Each Area)

<input type="checkbox"/> Tour Offered	<input type="checkbox"/> Tour Given	Staff: _____	<input type="checkbox"/> New Member Quick Survey Completed	Staff: _____	<input type="checkbox"/> All Members Entered in WinPak /Cards Issued	Staff: _____
<input type="checkbox"/> Membership Application		Staff: _____	<input type="checkbox"/> New Member Packet Explained	Staff: _____	<input type="checkbox"/> Welcome/Renewal Card Sent	Staff: _____
<input type="checkbox"/> Electronic Funds Transfer App.		Staff: _____	<input type="checkbox"/> Family Members Entered in Y-Ware	Staff: _____	<input type="checkbox"/> Signed up for Fitness Orientation	Staff: _____

