

## APPLICATION FOR MEMBERSHIP

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can't afford the full cost of membership, financial assistance is available to the extent possible. Please ask for a confidential scholarship application. *Participants needing other accommodation should contact their local YMCA.* To provide an atmosphere that is safe and inclusive to all, the YMCA enforces a Code of Conduct. Membership is provided at the discretion of the Board of Directors and may be revoked.



Please check type of membership

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Youth (0-13) (4010)  | <input type="checkbox"/> Senior couple (5030)         | <input type="checkbox"/> Adult Triangle (1020)  | <input type="checkbox"/> Youth program (6661)  |
| <input type="checkbox"/> Teen (14-20) (4510)  | <input type="checkbox"/> Family* (3010)               | <input type="checkbox"/> Family Triangle (3020) | <input type="checkbox"/> Adult program (6662)  |
| <input type="checkbox"/> Adult (21-64) (1010) | <input type="checkbox"/> Single-parent family* (3210) |   | <input type="checkbox"/> Family program (6663) |
| <input type="checkbox"/> Senior (65+) (5010)  | <input type="checkbox"/> Other _____                  |   |  |

\*"Family" is a household with two adults, with or without dependents. "Single-parent family" is a household with one parent and dependent children.

PRIMARY MEMBER (Parent or guardian for applicants under 18 years)								
<b>N A M E</b>	Mr. Ms. Mrs. Dr.	First Name	MI	Last Name	Date of Birth / /	Gender	Ethnic Origin	
	Street						Apt/Unit #	
<b>H O M E</b>	City			State	Zip + 4	Home Phone ( )	E-mail Address	
	Employer Name				Position/Occupation		Driver's License/ID #	
<b>W O R K</b>	Street						Suite #	
	City			State	Zip + 4	Work Phone ( )	Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Business	
	<b>EMERGENCY CONTACT</b> (Other than in your household) <i>Required for all memberships</i>				Name		Phone ( )	
2ND ADULT								
<b>N A M E</b>	Mr. Ms. Mrs. Dr.	First Name	MI	Last Name	Date of Birth / /	Gender	Ethnic Origin	
	Employer Name				Position/Occupation		Driver's License/ID #	
<b>W O R K</b>	Street						Suite #	
	City			State	Zip + 4	Work Phone	E-mail Address	
	DEPENDENTS AND APPLICANTS UNDER 18 YEARS OF AGE							
First Name	MI	Last Name (if different)	Date of Birth	Gender	Ethnic Origin	School		
			/ /					
			/ /					
			/ /					
			/ /					

*Please complete reverse side*



**What prompted you to visit the YMCA?**

I heard about the YMCA...	Referral or Company Name
<input type="checkbox"/> From a friend (F)	
<input type="checkbox"/> From my employer (G)	
<input type="checkbox"/> Through my health plan (K)	
<input type="checkbox"/> Sponsored by another member (M)	
<input type="checkbox"/> Rejoining as part of previous member promotion (P)	
<input type="checkbox"/> Saw the YMCA building or sign (W)	
<input type="checkbox"/> Looked in the phone book (Y)	
<input type="checkbox"/> YMCA web page/Internet (Z)	
<input type="checkbox"/> Ad on Bus (B)	<input type="checkbox"/> Newspaper ad (N)
<input type="checkbox"/> Radio (R)	<input type="checkbox"/> TV (T)
<input type="checkbox"/> Brochure in the mail (D)	<input type="checkbox"/> Brochure from school (S)
<input type="checkbox"/> I saw or read a story about the YMCA (E)	
<input type="checkbox"/> Other (O) _____	

**What is your primary reason for joining the YMCA?**

- To improve personal or family health (A)
- To participate in a specific program or activity (B)
- Family recreation and activities (C)
- Youth programs (D)
- Teen programs (E)
- Other (O)

**If you plan to participate in YMCA health and fitness programs, please check the statement that best describes your current level of exercise.**

- I get little or no regular exercise (A)
- I get occasional exercise (B)
- I exercise regularly (C)

**Would you be interested in volunteering?**  Yes  No

Area of Interest: \_\_\_\_\_

<b>Please check the box that represents your approximate annual household income</b>					
<input type="checkbox"/> Below \$15,000 (AA)	<input type="checkbox"/> \$15,000 - \$25,050 (BB)	<input type="checkbox"/> \$25,051 - \$38,250 (CC)			
<input type="checkbox"/> \$38,251 - \$59,999 (DD)	<input type="checkbox"/> \$60,000 - \$99,999 (EE)	<input type="checkbox"/> \$100,000+ (FF)			

**CONDITIONS OF MEMBERSHIP**

**Member Health:** The applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Greater Seattle assumes no responsibility for any such injury or illness.

**Member conduct and right to use the facility:** Applicant agrees to abide by all policies and procedures of the YMCA of Greater Seattle and its branches and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

**Criminal History:** The applicant acknowledges that it is the policy of the YMCA of Greater Seattle to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check its membership records for criminal history.

**Property Loss:** The applicant understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

**Photograph Permission:** The applicant hereby gives permission for the YMCA to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

**Insurance:** The applicant understands that the YMCA does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

**Acceptance/Release:** *I acknowledge the conditions of membership stated above, for myself and on behalf of the minor applicants listed if any, and that I am responsible for related dues and program fees. I hereby release the YMCA of Greater Seattle, its agents, servants and employees from all ordinary negligence, including all claims for injury, illness, death, loss or damage which may result from participation as a member.*

<b>Signature of Applicant</b> (Parent or Guardian of Applicants under 18)		<b>Date</b>		<b>Additional Adult Applicant</b>		<b>Date</b>	
Join Date (MM/DD/YY)	Branch	Initial Payment (separate fees)	Receipt #	Enrolled by	Checked by		