



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER CHARLOTTE MEMBERSHIP FORM

- To qualify for any category, members must reside at the same address and pay monthly dues from one bank account.
- The YMCA does not distribute demographic or contact information.
- Membership cards are non-transferable, limit one person.
- Government Photo ID required for members ages 16 and up.

Membership #

Mr. Mrs. Miss Ms. Dr. Other _____ Male Female

First Middle Last Suffix Called by

Birth Date Marital Status E-mail (required)

Home Address City State Zip

Home Phone Cell Phone

Ethnicity: African American American Indian Asian Caucasian Hispanic Other Prefer not to give

First/Middle

CORPORATE MEMBERS ONLY

Company Name _____ Company Code _____

EMERGENCY CONTACT INFORMATION (IN ADDITION TO SPOUSE)

Name Day Phone Evening Phone Hospital Preference

How did you hear about the Y? (Choose one) Advertisement Corporate Drive By/Walk By Employee Former Member
 Internet Medical Referral Program Participant Referred by a Member Word of Mouth

The Y is a volunteer driven organization. Would you be interested in learning more about becoming a volunteer?

Yes No Comments: _____

What specific areas of the YMCA will assist you in meeting your goals? (This may be used to provide information on Y programs)

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Fitness/Wellness | <input type="checkbox"/> Social Opportunities | <input type="checkbox"/> WaterPark | <input type="checkbox"/> Adult Sports | <input type="checkbox"/> Group Exercise |
| <input type="checkbox"/> Specific Health Issue | <input type="checkbox"/> Weight Management | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Teen Activities | <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Family Activities | <input type="checkbox"/> Senior Programs |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Christian Mission/Spiritual Growth | <input type="checkbox"/> Prefer Not to Give | <input type="checkbox"/> Other | |

Last Name

What are you looking to do? Get Started Eat Smart Find Balance Intensify Workout

Additional Information on other Adults (18+ years of age) in Household

Mr. Mrs. Ms. Dr. Other Male Female

First Middle Last Suffix Called by

_____/_____/_____
Birth Date

Preferred E-mail: Home Work

Ethnicity: African American American Indian Asian Caucasian Hispanic Other Prefer not to give

Mr. Mrs. Ms. Dr. Other Male Female

First Middle Last Suffix Called by

_____/_____/_____
Birth Date

Preferred E-mail: Home Work

Ethnicity: African American American Indian Asian Caucasian Hispanic Other Prefer not to give

Mr. Mrs. Ms. Dr. Other Male Female

First Middle Last Suffix Called by

_____/_____/_____
Birth Date

Preferred E-mail: Home Work

Ethnicity: African American American Indian Asian Caucasian Hispanic Other Prefer not to give

Mr. Mrs. Ms. Dr. Other Male Female

First Middle Last Suffix Called by

_____/_____/_____
Birth Date

Preferred E-mail: Home Work

Ethnicity: African American American Indian Asian Caucasian Hispanic Other Prefer not to give

Information on Children (under 18 years of age) in Household

<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Other Child _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<hr/>				
First	Middle	Last	Suffix	Called by
_____ / _____ / _____				
Birthdate	Ethnicity:		<input type="checkbox"/> African American	<input type="checkbox"/> American Indian
			<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
			<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian
			<input type="checkbox"/> Prefer not to give	

<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Other Child _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<hr/>				
First	Middle	Last	Suffix	Called by
_____ / _____ / _____				
Birthdate	Ethnicity:		<input type="checkbox"/> African American	<input type="checkbox"/> American Indian
			<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
			<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian
			<input type="checkbox"/> Prefer not to give	

<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Other Child _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<hr/>				
First	Middle	Last	Suffix	Called by
_____ / _____ / _____				
Birthdate	Ethnicity:		<input type="checkbox"/> African American	<input type="checkbox"/> American Indian
			<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
			<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian
			<input type="checkbox"/> Prefer not to give	

<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Other Child _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<hr/>				
First	Middle	Last	Suffix	Called by
_____ / _____ / _____				
Birthdate	Ethnicity:		<input type="checkbox"/> African American	<input type="checkbox"/> American Indian
			<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
			<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian
			<input type="checkbox"/> Prefer not to give	

<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Other Child _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<hr/>				
First	Middle	Last	Suffix	Called by
_____ / _____ / _____				
Birthdate	Ethnicity:		<input type="checkbox"/> African American	<input type="checkbox"/> American Indian
			<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
			<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian
			<input type="checkbox"/> Prefer not to give	

<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Other Child _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<hr/>				
First	Middle	Last	Suffix	Called by
_____ / _____ / _____				
Birthdate	Ethnicity:		<input type="checkbox"/> African American	<input type="checkbox"/> American Indian
			<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
			<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian
			<input type="checkbox"/> Prefer not to give	

Were you referred to the YMCA by a current member?

We appreciate our YMCA Members who share their enthusiasm for the YMCA by referring friends and family members. Any current YMCA of Greater Charlotte member who refers a new member receives one free month of membership, with no dues to pay! Please provide that member's information below so we can thank them.

Name	Age	Member Number/Internal
Email Address	Phone #	D.O.B.

Bank Draft

I hereby authorize the YMCA to initiate debits from the BANK indicated on the attached check for the amount specified below. The authority is to remain in effect until YMCA has received 15 days written notification from me of the termination of this agreement, or until the YMCA or BANK has sent me 15 days written notice of the YMCA's or BANK's termination of the agreement. The YMCA will send a 15-day notification of any change in the amount to be drafted. Should my membership draft not be honored by my BANK for any reason, I realize that I am still responsible for that payment, including a YMCA \$25 service charge. This is in addition to any service fee my BANK may make.

DATE TO BE DRAFTED EACH MONTH 1ST 8TH 15TH 23RD (YMCA provides) **Draft Authorization** (initials)_____

Income Verification Agreement for Members with an Adjusted Agreement

I have presented my current tax return. By signing below I agree to re-verify my income with my tax return every two years from the date I joined and to notify the YMCA should my financial situation change between reviews.

I have not yet presented my tax return.

I am aware that the rate I was quoted today of _____ is based on the information I have provided related to the number of people in my household who will be joining and the total annual income of my household. I understand that rate is subject to change when I bring in my current tax return if that document shows a different total income (line 22 of my 1040 or line 4 of my 1040EZ). By signing below I agree to bring in that tax return within 30 days. I'm aware if I fail to do so that my account will draft once at the rate I was quoted today, and that my membership will become inactive at the end of that 30-day draft cycle. I also agree to re-verify my income with my tax return every two years from the date I joined and to notify the YMCA should my financial situation change between reviews.

By submitting this application, I/we agree that the YMCA may photograph or videotape me/us, and the YMCA may use those photographs or video footage for its marketing purposes. I/we release the YMCA from any claim or liability related to that use, waive all claims for myself/ourselves, my/our heirs and assignees against the individual YMCA staff persons and the YMCA of Greater Charlotte.

I/we agree that the YMCA shall not be responsible for any personal injuries or losses sustained by me/us while on any YMCA premises, or as a result of any YMCA-sponsored event. I/we further agree to indemnify and hold harmless the YMCA from any claims or demands arising out of any such claims or losses.

PRIMARY CUSTOMER SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

MEMBERSHIP TYPE Association Branch Regional 1 Week Temp Program Participant

Corporate Health

ENTER DEMO INFO. PASS ALL INFO TO BOC.

LIST CODE

\$ _____

COMP. SUBSIDY AMT.

Adjusted rate based on income? YES NO **# of Adults** _____ **# of Children** _____

Payment Bank Draft Other _____ BankDraft \$ _____

Tour date ____/____/____ by _____ | Interview date ____/____/____ by _____

Introductions made _____

Health Consult Requested? No Yes | Date ____/____/____ Fitness Instructor _____

Comments _____

Thank you card sent? Yes No

Staff signature _____ Date _____