

# YMCA of Darke County Membership Application



Adult   
  Family   
  Youth   
  Silver Sneakers   
  Locker Spa

PAID IN FULL   
  E-PAY

<b>PRIMARY MEMBER</b>	FIRST NAME	M.I.	LAST NAME
	BIRTHDAY / /	GENDER	CONTACT EMAIL:

<b>ADDRESS</b>	STREET		
	CITY	STATE	ZIP CODE

<b>PHONE NUMBERS</b>	HOME	Cell Phone	OTHER	<b>Method of Contact</b>	What is the best method of contacting you? <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email

<b>EMPLOYER</b>	COMPANY NAME	ADDRESS
	CITY	STATE    ZIP CODE

<b>EMERGENCY CONTACT</b>	NAME	HOME PHONE	BUSINESS PHONE

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

<b>CHILDREN</b>	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 VAC / 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"/> EPAY Application Completed    Staff: _____	<input type="checkbox"/> Family Members Entered in Trinexum    Staff: _____	<input type="checkbox"/> Signed up for Fitness Orientation    Staff: _____