



YMCA of Greater High Point

Membership Application

Please choose the branch you are joining:

Carl Chavis Memorial YMCA

Carl and Linda Grubb Family YMCA

Hartley Drive Family YMCA

First Adult	Date	Title	First Name	MI	Last Name
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H O M E	Mailing Address				Membership Types: <i>(please check one box)</i> <input type="checkbox"/> Youth <input type="checkbox"/> Husband/Wife/Children <input type="checkbox"/> Teen <input type="checkbox"/> Triad Adult <input type="checkbox"/> Young Adult/Student <input type="checkbox"/> Triad Family <input type="checkbox"/> Adult <input type="checkbox"/> Association Adult <input type="checkbox"/> Senior Adult <input type="checkbox"/> Association Family <input type="checkbox"/> Express Adult <input type="checkbox"/> Express Husband/Wife <input type="checkbox"/> Express Husband/Wife/Children <input type="checkbox"/> Express Single Parent / Children	
	City		State	Zip		
	Phone	E-Mail				
	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Prefer to receive mail at <input type="checkbox"/> Home <input type="checkbox"/> Work			
	Emergency Contact Name and Phone Number (outside the household)					

E M P L O Y E R	I qualify for a corporate discount <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, MUST complete company information)</i>		Company Name	
	Street Address			
	City		State	Zip
	Job Title		Phone	E-Mail

The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose.

PLEASE CHECK AREAS OF INTEREST:

	Self	Spouse	Children	Volunteer
Aquatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics /Group Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Child Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteerism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 N D A D U L T	First Name		MI	Last Name	
	Birth Date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Company Name	
	Company Address			Company Phone	
	Job Title		E-Mail		

Ethnic Origin

	1st Adult	2nd Adult	Dependents
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about the YMCA? Radio Television Billboard Yellow Pages Newspaper Magazine
 Member Work Place YMCA Former Member E-Mail Family / Friend

D E P E N D E N T S	First Name	MI	Last Name	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	School
	First Name	MI	Last Name	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	School
	First Name	MI	Last Name	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	School
	First Name	MI	Last Name	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	School
	First Name	MI	Last Name	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	School

YMCA Unit ID Number	Membership Type	Payment Method <input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Annual Pay	Initial Payment Method <input type="checkbox"/> Credit Card <input type="checkbox"/> Check	Monthly Dues Date of Draft/CC Payment (circle one) 2nd 16th
YMCA Membership Card Number	Expiration Date	Payment (Receipt) Number		Monthly Amount \$ _____
Branch	YMCA Staff Member			



Financial Assistance may be available to those who qualify.

Waiver

I am an adult over 18 years of age and wish to participate in YMCA of Greater High Point (the "YMCA") membership/program activities, and if included on membership wish my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian(s). As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by my children or me. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

I understand that the YMCA of Greater High Point is not responsible for personal property lost, damaged, or stolen while members and / or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I give my permission to the YMCA of Greater High Point to use without limitation or obligation, photographs, film footage, or tape recordings, which may include my or my children's image or voice for the purposes of promotion or interpreting YMCA programs.

Membership Agreement

If my membership dues are paid through Credit Card draft or Electronic Funds Transfer, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me. Membership cards are the property of the YMCA and must be surrendered upon demand.

It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30 day written notice.

I understand it is my responsibility to check my bank statement and report any YMCA billing discrepancies within 30 days of the date of the bank statement. After 30 days there will be no refund.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA in writing of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues).

The Joining Fee is a one-time fee as long as you remain an active member of the YMCA of Greater High Point. If you choose to cancel or discontinue your membership for more than 30 days, a Joining Fee will be charged when you reapply for membership.

I acknowledge the waiver and membership Code of Conduct set forth, and being in sympathy with the Mission Statement of the YMCA of Greater High Point, hereby apply for membership.

All adults over 18 on membership must sign and date:

Print Name _____
Signature _____ Date _____
Print Name _____
Signature _____ Date _____