



# GLOW YMCA Membership Application

- NEW
- RENEWAL
- CHANGE
  - Name
  - Bank Draft Info.
  - Membership

Please print the following information to be used for our permanent records.

Last Name:	First Name:	Middle Initial:	Birthdate:
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Home Address:
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City and Zip:	Home Phone:
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Email:	Cell Phone:
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Place of Employment:	Work Phone:
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Emergency Contact:	Phone:
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**Complete the following section for Family Memberships:**

Spouse:	Birthdate:
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Child's Name:	Birthdate:	Sex: M or F
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Child's Name:	Birthdate:	Sex: M or F
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Child's Name:	Birthdate:	Sex: M or F
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Child's Name:	Birthdate:	Sex: M or F
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Child's Name:	Birthdate:	Sex: M or F
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Child's Name:	Birthdate:	Sex: M or F
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**Type of Membership:** \_\_\_\_\_

Upgrading to: \_\_\_\_\_  Downgrading to: \_\_\_\_\_

## YOUR CONSENT AND RELEASE

- I hereby agree to release and hold harmless the YMCA, its employees and volunteers, from any loss, liability, claim of bodily injury or property damage, or costs which may arise due to my use of the YMCA's facilities and equipment and my participation in YMCA programs. This agreement shall be governed by the laws of New York State.
- I authorize the use and reproduction of any and all photographs or video footage for YMCA promotional purposes and I will not be compensated for this use.
- I understand that conduct contrary to the YMCA core values of Caring, Honest, Respect and Responsibility, the intentional or unintentional disruption or preventing YMCA members' ability to enjoy their membership or YMCA staff and/or volunteer' ability to conduct class or their job duties, is not acceptable behavior and may result in the termination of my membership.
- By signing this form, I agree that I have read this entire form and understand my responsibilities for participation and conduct in YMCA programs and activities.

Signature	Name (Please Print)	Date
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Spouse Signature (if Family Membership)	Name (Please Print)	Date
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Name: \_\_\_\_\_

