



YMCA OF METROPOLITAN WASHINGTON
MEMBERSHIP APPLICATION FORM

MEMBERSHIP NUMBER _____

PERSONAL INFORMATION (PLEASE PRINT)

LAST	FIRST	MI
NICKNAME		
BIRTH DATE	/	/
<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.		

HOW DID YOU HEAR ABOUT OUR YMCA?

- TV
- WEBSITE
- DRIVING BY
- PROGRAM GUIDE
- LOCAL NEWSPAPER
- ANOTHER MEMBER _____
- PREVIOUS MEMBER _____
- OTHER _____

ADDRESS/PHONE/EMAIL/FAX

STREET		
CITY	STATE	ZIP
HOME TEL ()	CELL ()	WORK ()
E-MAIL		FAX ()

FAMILY MEMBER INFORMATION

LAST NAME	FIRST	BIRTH DATE	SEX
ADULT(S)			
CHILDREN			

EMERGENCY CONTACT

NAME
PHONE () CELL ()

A LITTLE BIT CAN MAKE A BIG DIFFERENCE

Becoming a member of the YMCA means more than you may know. The YMCA is a charity. Every year, members like you donate to the YMCA Building Bridges Campaign to ensure that every child, adult and family in your community has access to quality child care, summer camp, and the opportunity for a healthy lifestyle, regardless of their financial ability. Now is your chance to put the strength of your membership to work by a simple donation.



Yes! I want to help by donating \$ _____ as a one-time payment.

Print Name _____ Initial _____ Date _____

_____ FULL MEMBERSHIP	_____ PROGRAM MEMBERSHIP (FEE \$45 PER PERSON)
	<i>Program membership is valid for 1 year after purchase</i>
Includes Joiners Fee: \$ _____	
Includes Yearly Fee: \$ _____	
TOTAL AMOUNT DUE: \$ _____	

CREDIT CARD AUTHORIZATION

I authorize the YMCA ARLINGTON TENNIS & SQUASH CENTER to charge my credit card for membership payments and/or contributions. I understand that I must provide written notice of cancellation. **If at any time there is to be a change, deletion, or cancellation of my membership, it is to be submitted in writing to the YMCA ARLINGTON TENNIS & SQUASH CENTER, along with my membership card(s), two weeks prior to my cancellation.**

NAME ON CARD	CARD ISSUER	ACCOUNT #	EXP DATE
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AX <input type="checkbox"/> DIS	BILLING ADDRESS ON CARD	CITY	STATE ZIP
SIGNATURE OF CARDHOLDER		DATE	

CONDITIONS OF MEMBERSHIP

All members are required to present a valid membership card for identification when using YMCA facilities and/or participating in programs. If for any reason members are unable to present membership cards, they are required to present photo identification. Membership cards are not transferrable; remain the property of the YMCA; and must be returned to the YMCA upon request.

Terms and conditions of membership in the YMCA of Metropolitan Washington are defined in the Membership Information Guide and are subject to change.

I understand that I will be automatically transferred into a new membership category on my birthday if I am eligible, in which event dues may increase or decrease. In the event of any other qualifying event that changes the category of membership for which I am eligible, I agree to notify the YMCA on or before the first day of the month following the month in which such event occurs.

INITIALS _____

LIABILITY WAIVER

I understand that the YMCA of Metropolitan Washington assumes no responsibility for injuries or illnesses which I, my spouse/partner, or my minor children or any other person may sustain as a result of my/their physical condition, this membership, my/their use of any facility or my/their participation in any activities, programs, exercise, or the use of any equipment (collectively, "Activities"). I expressly acknowledge on behalf of myself, my spouse/partner, my minor children and our heirs that I assume the risk for any and all injuries, illnesses, death, loss or damage which may result from any of the foregoing. I hereby release and discharge the YMCA of Metropolitan Washington, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I, my spouse/partner, or minor children may suffer as a result of my/their physical condition, this membership, the use of any facility or participation in any Activities. In the event I, my spouse/partner or minor children bring any guest to any YMCA of Metropolitan Washington facility or Activity, I also agree to be responsible for ensuring that such guests adhere to the rules and policies of the YMCA and to inform them that they assume all liability for injuries, illness, death, loss or damage which may result from participation in any activities, programs, exercise or the use of any equipment.

INITIALS _____

I understand that the YMCA of Metropolitan Washington is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or are on YMCA premises.

INITIALS _____

I give my permission to the YMCA of Metropolitan Washington to use indefinitely, without limitation or obligation, photographs, film, footage, or tape recordings which may include my, my spouse's or minor children's image or voice for purposes of promoting or interpreting YMCA programs.

INITIALS _____

ACCEPTANCE

I acknowledge the WAIVER and CONDITIONS OF MEMBERSHIP set forth above and in the Member Information Guide and, being in agreement with the Mission and Goals of the YMCA, hereby apply for membership.

SIGNATURE OF PARTICIPANT	DATE
X	
SIGNATURE OF PARENT OR GUARDIAN	DATE
X	



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

FOR OFFICE USE ONLY		MEMBERSHIP CATEGORY
STAFF ENTERING APPLICATION	DATE	<input type="checkbox"/> FULL PRIVILEGE INDIVIDUAL MEMBER
STAFF ENTERING APPLICATION	DATE	<input type="checkbox"/> PROGRAM MEMBER
INITIAL PAYMENT		<input type="checkbox"/> ADULT (21 YEARS & UP)
CASH CHECK CREDIT CARD ANNUAL		<input type="checkbox"/> COUPLE
JOINERS FEE PAYMENT	\$	<input type="checkbox"/> FAMILY (CHILDREN UNDER 18, OR COLLEGE STUDENTS UNDER 22)
DUES PAYMENT	\$	<input type="checkbox"/> JUNIOR (12-18 YEARS)
YMCA CHARITABLE DONATION		
ONE TIME	\$	
TODAY'S TOTAL PAYMENT	\$	