



MEMBERSHIP APPLICATION

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can't afford the full cost of membership, financial assistance is available to the extent possible. Please ask for a confidential scholarship application. Participants needing other accommodations should contact their local YMCA.

PRIMARY MEMBER (Parent or guardian for applicants under 18 years of age)

Legal name (include middle name)		Company	Email Address		
Address	Apt.	City	State	Zip code	
Home phone	Cell phone	Phone Carrier	Gender	Date of Birth (mm/dd/yyyy)	
Ethnicity	Native Language	Emergency contact name	Relation to primary member	Phone	

SECONDARY ADULT

Legal name (include middle name)		Company	Email Address		
Home phone	Cell phone	Gender	Date of Birth (mm/dd/yyyy)		
Ethnicity	Native Language	Emergency contact name	Relation to primary member	Phone	

ADDITIONAL MEMBERS AND APPLICANTS

Legal name (include middle initial)	Email Address	Gender	Date of Birth (mm/dd/yyyy)
Legal name (include middle initial)	Email Address	Gender	Date of Birth (mm/dd/yyyy)
Legal name (include middle initial)	Email Address	Gender	Date of Birth (mm/dd/yyyy)
Legal name (include middle initial)	Email Address	Gender	Date of Birth (mm/dd/yyyy)

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

The YMCA reserves the right to terminate or cancel membership at any time in its sole discretion.

I understand that it is my responsibility to review the membership handbook located at the YMCA website at www.glendaleymca.org.

Print Name

Signature

Date

FOR OFFICE USE ONLY

Member #: _____ ID #: _____ Membership Type: _____ Payment Plan: ATS Annual

Date Received: ____ / ____ / ____ Staff Name (Print): _____