

# **Spencer Family YMCA**

## **Membership Application**

DATE: \_\_\_\_\_

Membership Type: _____	Number of Months (Circle One)	1	3	6	12
Start Date _____	Expires: _____	Paid in Full _____	Bank Draft _____	Other _____	

### **Adult/Family Membership:**

Name: \_\_\_\_\_

First
Middle Initial
Last

Address: \_\_\_\_\_

Street / P.O. Box
City
State
Zip

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Married  Single  Male  Female  Birth Date \_\_\_\_\_

Spouse Name: \_\_\_\_\_

First
Middle Initial
Last

Email \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Child (ren) Name		Date of Birth	School	Email
_____	M / F	_____	_____	_____
_____	M / F	_____	_____	_____
_____	M / F	_____	_____	_____
_____	M / F	_____	_____	_____

# Spencer Family YMCA Policies

**REFUND POLICY:** No refunds are given – a receipt for tax deduction purposes will be issued to you for any unused portion of your membership. That amount will be allocated for the youth department.

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**SIGNATURE OF APPLICANT**

**DATE**

**WAIVER:** In consideration of the YMCA accepting this application, I for myself, my heirs, executors, administrators, and/or for the minor (s) for whom I am signing, release and forever discharge the Spencer Family YMCA and its officers, employees, directors, agents, servants, and all persons connected with the YMCA, of and from any and all rights, claims, demands and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by minor (s) for whom I am signing or his/her property at any time. I declare, for myself and the minor (s), that I am/they are physically sound and medically approved to participate in the activities of the Spencer Family YMCA.

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**SIGNATURE OF APPLICANT**

**DATE**

OFFICE USE ONLY:

Date Paid: \_\_\_\_\_ Amount Due\$ \_\_\_\_\_ Discount \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Cash: \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

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Date Entered: \_\_\_\_\_ Membership # \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date : \_\_\_\_\_ Initial: \_\_\_\_\_

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Date: \_\_\_\_\_ Receipt # \_\_\_\_\_ Initial: \_\_\_\_\_

LAST

FIRST