

**Adults, Families, and Seniors may apply for membership [online using this portal](#).**

All others must apply in-person using this printed form including Youth, Corporate, Financial Aid, Veterans, Silver Sneakers, Renew Active, and FitOn applicants. Youths must have their legal guardian present.



For Office Use Only:
<input type="checkbox"/> NSOPW checked for <u>all</u> adults
<input type="checkbox"/> Photo taken
<input type="checkbox"/> Age Requirement Form Given
<input type="checkbox"/> Draft form explained
Type of discount group if applicable:

PRIMARY NAME [LAST NAME, FIRST NAME]:
MEMBERSHIP NUMBER
Membership Type
Locker <input type="checkbox"/> Y Number _____
Rental: <input type="checkbox"/> N
YMCA Staff Member Processing:

**ROUND UP FOR THE Y!! Please round up my membership payment to support Y Programs and Scholarships!**

Yes, Please round UP my Membership Amount: \_\_\_\_\_ Per \_\_\_\_\_  No thank you, I'm not interested

Adult Information

**1st adult:** First Name [legal]: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Preferred name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M/F/O: \_\_\_\_\_  
 State of ID \_\_\_\_\_ License # \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_

**2nd adult:** First Name [legal]: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Preferred name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M/F/O: \_\_\_\_\_  
 State of ID \_\_\_\_\_ License # \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*Date:* \_\_\_\_\_ *Please initial here* \_\_\_\_\_ *that you have read and understand the following...*

I am at least 18 years old. (Parent or legal guardian must sign for a minor)  
 I understand the YMCA 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 understand that all memberships are non-transferable and non-refundable.  
 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.

Youth Information

Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M/F/O: \_\_\_\_\_  
 Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M/F/O: \_\_\_\_\_  
 Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M/F/O: \_\_\_\_\_  
 Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M/F/O: \_\_\_\_\_  
 Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M/F/O: \_\_\_\_\_

*Please read and sign the following Waiver, Authorization and Release:*

I hereby grant permission for my children to receive emergency medical treatment for illness or accident if I cannot first be contacted.

Signature OF PARENT OR GUARDIAN \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completion, please submit this printed form to the Welcome Center at 62 Turner Street in Auburn.**