

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.



MEMBERSHIP APPLICATION

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 Rental: Yes <input type="checkbox"/> No <input type="checkbox"/>	Locker Number: _____
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]: _____ Middle Initial: _____ Last Name: _____
 Preferred Name: _____ DOB (MM/DD/YYYY): ____/____/____ Sex: _____
 State of ID: _____ License # _____ Home # _____ Cell # _____
 Email: _____ Employer: _____

2nd Adult: First Name [legal]: _____ Middle Initial: _____ Last Name: _____
 Preferred Name: _____ DOB (MM/DD/YYYY): ____/____/____ Sex: _____
 State of ID: _____ License # _____ Home # _____ Cell # _____
 Email: _____ Employer: _____

Mailing Address: _____ Apartment # _____ City: _____ State: _____ Zip: _____
 Emergency Contact Name: _____ Emergency Contact Phone: _____

YMCA OF AUBURN-LEWISTON MEMBERS MUST READ AND CONSENT TO 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.
- For security purposes, all members, over the age of 16, are required to have a photo taken for their membership account. Each individual, on a unit, will have their photo taken at the time of joining our YMCA. If they are not present at the time of joining, they will need to stop by the front desk and have their photo taken on their first visit.

Signature: _____ Date: _____

YOUTH INFORMATION

First Name:	MI:	Last Name:	DOB:	MM	DD	YYYY	Sex:
_____	_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____

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 any of our locations:

Y at Turner Street
62 Turner St, Auburn, ME
207-795-4095

Y Health Club & Spa
1977 S. Lisbon Rd, Lewiston, ME
207-777-1300

Y at CMMC
12 High Street, Lewiston, ME
207-795-2473