



# 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: _____ Locker Number: _____ Yes No
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

## 1<sup>ST</sup> ADULT

First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M/F: \_\_\_\_\_  
 State of ID: \_\_\_\_\_ License # \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_

## 2<sup>ND</sup> ADULT

First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M/F: \_\_\_\_\_  
 State of ID: \_\_\_\_\_ License # \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_

## HOME ADDRESS + EMERGENCY CONTACT

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

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**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.
- I understand that facility orientations are available for all new members and are strongly recommended for YOUTH members ages 16 and under. These appointments are available upon request.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**YOUTH 1** First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M/F: \_\_\_\_\_

**YOUTH 2** First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M/F: \_\_\_\_\_

**YOUTH 3** First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M/F: \_\_\_\_\_

**YOUTH 4** First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M/F: \_\_\_\_\_

**YOUTH 5** First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M/F: \_\_\_\_\_

**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:** \_\_\_\_\_ **Date:** \_\_\_\_\_