

# Red Wing Family YMCA

## Application for Membership

Join Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Youth     College     Adult    Type of Membership  
 Family     Single Parent Family     Multi-Facility

Membership Payment  
 Full Pay     Bank Draft     Payroll Deduction     Financial Assistance     Other \_\_\_\_\_

*\*\*Please Print*

### **First Adult Information:**

(01)  
First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Home Phone (    ) \_\_\_\_\_

e-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

### **Second Adult Information:**

(02)  
First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

### **Dependent /Children's Information:**

	Name	M/F	Birthdate	Relationship	School	Grade
(03)	_____	____	____/____/____	_____	_____	_____
(04)	_____	____	____/____/____	_____	_____	_____
(05)	_____	____	____/____/____	_____	_____	_____
(06)	_____	____	____/____/____	_____	_____	_____
(07)	_____	____	____/____/____	_____	_____	_____
(08)	_____	____	____/____/____	_____	_____	_____

### **\*\*Emergency Contact\*\***

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

***\*Questionnaire***

**To help us serve you better, please fill out the following information. This information will be kept confidential.**

How did you hear about the YMCA?

Newspaper    TV    Radio    YMCA Brochure    Member    Other \_\_\_\_\_

Why did you join the YMCA? \_\_\_\_\_

How many years have you lived in the community? \_\_\_\_\_

Volunteer Interests \_\_\_\_\_

Medical Information

Any allergies? (If yes, please list) \_\_\_\_\_

Please list any medical problems we should be aware of: \_\_\_\_\_

\_\_\_\_\_

**Membership Behavior Statement**

The Red Wing Family YMCA is founded on Christian principles and values and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, attire, smoking, use of alcohol or drugs, the removal of YMCA property, or criminal conduct of any type. Such inappropriate behavior or conduct is unacceptable and the YMCA consequently retains the right to deny memberships to its applicants and to revoke a membership of any current member or participant at it's sole discretion.

**Refund Policy**

Refunds may be made only when there is a cancellation of program services, when membership privileges are suspended or when a person moves to a city where there is not a YMCA within 35 miles to which membership may be transferred.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_