



North Penn YMCA APPLICATION FOR MEMBERSHIP

Date: _____

Staff Initial: _____

Our mission is to make the community we serve a better place to live. Through our programs and activities, we strive to enrich and strengthen families; provide wholesome supervised recreation; offer positive learning, leadership and character development opportunities; and promote wellness for all people regardless of ability to pay.

MEMBERSHIP TYPE					
Choose Membership Type: <input type="checkbox"/> Full Member <input type="checkbox"/> Program Member					
Choose Membership Category: <input type="checkbox"/> Youth <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Family <input type="checkbox"/> 65 Plus					
PRIMARY MEMBER					
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	
Home Address		Apt	City	State	Zip
Home:	Cell:	Email			
Ethnicity Caucasian/White African American/Black Hispanic/Latino Asian American Native American/Pacific Islander Other					
Have you been a YMCA Member before?		Yes	No	Are you interested in Volunteering?	
				Yes	No
Emergency Contact First Name	MI	Last Name	Phone Number	Relation to Emergency Contact	
Employer Name		Business Address		Business Phone:	
SECONDARY ADULT					
First Name	MI	Last Name	Relation to Primary Member		
Phone	Email		Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	
DEPENDENTS					
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	

- Please check the box that represents your approximate annual household income:
- Below \$10,000
 - \$10,000-\$20,000
 - \$20,001-\$30,000
 - \$30,001-\$40,000
 - \$40,001-\$50,000
 - \$50,001-\$100,000
 - Over \$100,000

I want to help underprivileged youth and families in my community participate in Y programs. I authorize the Y to add the following amount to my monthly bank draft to support the YMCA Annual Campaign.

- \$5/month
- \$10/month
- \$15/month
- \$_____ One time gift
- Decline

Authorized Signature



WAIVER AND RELEASE:

I (we) hereby hold the NORTH PENN YMCA, its executive directors, employees, volunteers, and members (collectively, the "YMCA"), harmless and free from any liability for any actions, incidents or occurrences, including but not limited to its or their own negligence; (2) that I (we) hereby waive, release, and forever discharge any and all rights and/or claims for damages that I may have or that may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of the NORTH PENN YMCA, its facilities, equipment, or program activities within the facilities; (3) that I (we) do hereby agree to indemnify the YMCA for any and all claims for damages that may be asserted against the YMCA, by any person or entity, related to or arising from my/our use of or connected with my/our participation in any of the activities of the NORTH PENN YMCA, its facilities, equipment, or program activities within the facilities; (4) that I (we) hereby grant permission for myself and my family for video or photographs taken by YMCA to be used for NORTH PENN YMCA publicity and advertising purposes; and (5) that I (we) hereby grant permission for the YMCA to use my email address as a means of contact.

By participating in the YMCA Nationwide Membership Program, I (we) agree to release the National Council of YMCAs of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law,

The YMCA conducts regular sex offender screenings on all staff, volunteers, 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.

I (we) agree to abide by all of the policies and procedures outlined in the NORTH PENN YMCA Member Handbook, and any other policies and procedures of the YMCA as may be adopted.

I, (and if applicable, on behalf of all members of my family that are part of this membership,) agree to this Waiver and Release agreement and have read and understand the Member Code of Conduct. I agree to advise all members of my family that are part of this membership as to the terms of this Waiver and Release agreement and the Member Code of Conduct.

Print Name

Signature of applicant

Date

Staff Initials

Date

NOTES:

