



Mexico Area Family YMCA Application for YMCA Membership. Membership Type: _____
 We put Christian values of caring, honesty, respect and responsibility into our daily life. We are for everyone. People of all ages, races, religions, incomes and abilities. We do offer financial scholarships to anyone who cannot financially afford to pay all the membership fee.

(01) First Name _____ MI _____ Last _____ M F Birth Date _/ _/ _

(02) Spouse First Name _____ MI _____ Last _____ M F Birth Date _/ _/ _

Address _____

City _____ State _____ Zip Code _____ - _____

Home Phone _____ E-mail Address _____

Your Occupation _____ Employer _____

Spouse Occupation _____ Employer _____

Emergency Contact _____ Relationship _____ Phone _____

Family Membership Information (List Last Name if Different)

#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
03						
04						
05						
06						

PAYMENT METHODS ARE: Monthly EFT Quarterly 6 months Annual (please circle how you will pay today).

Areas of Interest: (Please Circle ALL That Apply)

- Wellness Center
- Aquatics Class
- Basketball Court
- Racquetball Court
- Aerobics Class
- Yoga Class
- Pilates Class
- Other:

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA.

Signature _____ Date _____

EMERGENCY CONTACT: _____ Phone: _____

- Family:** All IRS allowable dependents & full time college students through age 22 at home.
- SPF:** One parent living in the household.
- Adult:** Individual 19 years of age through 59.
- Senior Couple:** Married couple 60 years of age or older.
- Senior:** Individual 60 years or older.
- Youth:** 13 to 18 years of age still in high school.

ALL CANCELLATIONS REQUIRE 30 DAYS NOTICE. WE DO NOT GIVE REFUNDS FOR CLASSES OR MEMBERSHIP. WE WILL GIVE CREDIT FOR FUTURE USE. THANK YOU FOR YOUR SUPPORT!

Entered Date _____ By: _____ Billing Method Entered: _____ Renewal Date Correct: _____