



Mexico Area Family YMCA Application for YMCA Membership

Unit # _____

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

2nd Adult Name _____ MI _____ Last _____ o M o F Birth Date ____ / ____ / ____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

Your Occupation _____ Employer _____

2nd adult Occupation _____ Employer _____

Emergency Contact _____ Relationship _____ Phone _____

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

Sex Offender: (We run all members through a Sex Offender screening)

In accordance with the State of Missouri statute 566.148, the Mexico Area Family YMCA prohibits registered sex offenders from obtaining membership or participating in classes and programs offered in or on the grounds of any of its facilities. All members are screened through Raptor.

_____ Initial

Wellness Center Orientation:

Would you like an orientation to the Wellness Center to learn how to use the equipment? **YES** **NO**

_____ Initial

Cancellation:

All cancellations require 7 days written notice. Membership and program fees are non-refundable except in the case of double draft or incorrect amounts. All Memberships run from the 1st of the month to the end of the month.

_____ Initial

***Holds Harmless Waiver on back of application MUST be signed.** 

Family: 2 adults and dependent children living at the same residence, full time college students through age 23.

SPF: 1 adult and dependent children living at the same residence, full time college students through age 23.

Adult: Individual 19 years of age through 59.

Senior Couple: 2 adult persons living at the same residence with one 60 years of age or older.

Senior: Individual 60 years or older.

Youth: 12 to 18 years of age still in high school.

Type of Membership: ___ Family ___ Adult Individual ___ Single Parent Family

___ Youth ___ Senior Adult (60+) ___ Senior Couple (60+)

___ Premium Membership (24 hour access to Wellness Center) Additional \$5.00/month

PAYMENT METHOD: Monthly EFT Quarterly Annual

Join Date _____ Staff Initials: _____