PLEASE PRINT

# YMCA OF ALEXANDER COUNTY MEMBERSHIP APPLICATION

NAME ______________________/______________/______________ SEX ________
FIRST MIDDLE LAST

ADDRESS ____________________________________________

CITY ______________________ STATE ________ ZIP CODE ________

BIRTH DATE ______________________ HOME PHONE (________) ____-________

EMPLOYER/SCHOOL ______________________ WORK PHONE (________) ____-________

ARE YOU WILLING TO BE A VOLUNTEER ______ YES ______ NO ETHNICITY ______________

SPOUSE ______________________/______________/______________ SEX ________
FIRST MIDDLE LAST

BIRTH DATE ________ ETHNICITY ________ ARE YOU WILLING TO BE A VOLUNTEER ______YES ______ NO

EMPLOYER/SCHOOL ______________________ WORK PHONE (________) ____-________

EMERGENCY CONTACT PERSON ______________________ HOME PHONE (________) ____-________

| CHILDREN: NAME (FIRST , MIDDLE INITIAL, LAST) | SEX | ETHNICITY | BIRTH DATE |
|---|---|---|---|
| ______/______/______ | ______ | ______ | ___/___/___ |
| ______/______/______ | ______ | ______ | ___/___/___ |
| ______/______/______ | ______ | ______ | ___/___/___ |
| ______/______/______ | ______ | ______ | ___/___/___ |

**Membership cards remain the property of the YMCA and must be returned upon demand of the YMCA. We do ask that you bring your card with You each time you come. Cards are not transferable. Misuse of this card may result in the loss of YMCA privileges.**

SIGNATURE ______________________________ DATE ______________

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FOR OFFICE USE ONLY

TYPE CODE ________ JOINER'S FEE (IF DIFFERENT) $________ MID ________ PID________ INIT. ________

PAYMENT METHOD: ANNUAL ________ BANK DRAFT ________ PAROLL ________

REASON FOR TEMPARARY PASS ______________________ TERMINATION DATE ______________

REASON FOR SPECIAL TYPE CODE ____________________________________