



Greater Waterbury YMCA Membership Application Form

1. PRIMARY MEMBER INFORMATION (Family Memberships please fill out additional members on back)

First Name _____ Last Name _____ Suffix(Sr., Jr.) _____

Address _____ City _____ Zip _____

Date of Birth _____ Gender M F Home Phone _____

Work Phone _____ Employer _____

E-mail _____ Cell Phone _____

Emergency Contact Person _____ Contact's Phone _____

2. DEMOGRAPHIC INFORMATION- As a non-profit agency, the YMCA relies on various federal and local funding sources that require the following information as part of the grant application process. All information is confidential.

Household Income Below \$15,000 15,000-24,999 \$25,000-39,999 \$40,000-54,999 \$55,000 or more

Race White African-American Asian Hispanic Native American Other

3. MEMBERSHIP TYPE

Youth Teen College Young Adult Adult Senior
 Family Single Parent Staff Corporate City of Waterbury State of CT

4. PAYMENT METHOD Cash Credit Card Check

5. PAYMENT TERMS Monthly (EFT) Quarterly Annual full-pay Payroll Deduction

6. AGREEMENT

I understand that the YMCA reserves the right to reject or cancel any application or membership. I understand that this membership is an annual contract and that **memberships are non-refundable, and I am responsible for all annual fees, regardless of termination.** Any person or family with a balance owed to the YMCA will not be permitted to participate until the balance is paid. I understand that while exercise is instrumental to maintaining good health, use of the facilities at the YMCA incurs some potential risk. In consideration for being allowed to participate in activities and to use the equipment and facilities at the YMCA, I assume the risk of all such usage and further agree to hold harmless the YMCA and its staff members from any and all claim suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from exercising or using the facilities at the YMCA.

We take very seriously the safety and well being of our members and participants and, to that end, have established policies and procedures that protect people utilizing our programs and facilities. One of those policies prohibits membership to anyone convicted of a criminal sex offense or anyone who is a registered sex offender. By signing this form you certify that you or anyone on your membership is not a convicted sex offender and/or is not a registered sex offender.

Signature of Applicant _____ Date _____

Office Use Only

MASTER ID# _____

Received by _____

Open Doors _____

Date _____

PAYMENT INFORMATION

Processed by _____

Membership Rate: \$ _____

Date _____

Joiner Fee \$ _____

Total Paid \$ _____

SOR _____ Photo _____

