

# YMCA of Greater Pittsburgh

# YMEMBERSHIP™

We build strong kids, strong families, strong communities.

## YMCA - MEMBERSHIP APPLICATION

Branch name \_\_\_\_\_

### FOR OFFICE USE ONLY

Join Date: ___/___/___	<b>Type of Membership</b>	<b>Membership #</b>	<b>Facility Access #</b>		
Payment Method:					
Cash_____	Check#_____	Visa_____	MC_____	Discover_____	Amex_____
Receipt #_____		Begin Date	Inv. Date	Net Amt	

### ALL INFORMATION IS KEPT CONFIDENTIAL

(00) Your First Name \_\_\_\_\_ MI \_\_\_ Last \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  M  F

(01) Spouse First Name \_\_\_\_\_ MI \_\_\_ Last \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Your Employer \_\_\_\_\_ Title \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Family Membership Information (List Last Name if Different)

#	Dependent/Children's Names	Gender		Birthdate	Relationship
02		M	F		
03		M	F		
04		M	F		
05		M	F		
06		M	F		
07		M	F		

### Renewal Information

### Additional Comments

Renewal Date	Membership type	Exp. Date	Amount Paid	Payment type	Rec. #

How did you hear about the ?  Newspaper  TV  Radio

YMCA Brochure  Member  Other: \_\_\_\_\_

What are you looking to do most at the ? \_\_\_\_\_

Referred by? \_\_\_\_\_

NAME: \_\_\_\_\_

-over please-

Income Level of Household:    \$30,000    \$30,001 to \$50,000    \$50,001 to \$70,000    \$70,001+

Ethnicity:    Asian    African-American    Hispanic    Latino    Caucasian    Other:

*The YMCA is a volunteer-driven organization. We utilize volunteers in our programs such as YMCA Youth Super Sports coaches, special events like YMCA Health Kids Day, facility projects, fundraisers, and YMCA Branch/Committee. We can certainly use your help.*

*Would you like a staff member contact you regarding volunteer opportunities at this time?*    Yes    No

*If yes, what special skills do you have?* \_\_\_\_\_

\_\_\_\_\_  
(e.g. carpenter, coaching, plumber)

*What area are you interested in?* \_\_\_\_\_

(e.g. youthsports coach, facility, special events))

I desire to engage voluntarily in the use of YMCA facilities and exercise programs. I understand that I am responsible for monitoring my own condition at all times when I am engaging in exercise at the YMCA or in a YMCA sanctioned program either on or off YMCA premises.

I agree to consult my physician and obtain permission prior to the commencement of any physical activity.

I understand that the physical activities which I may participate in at the YMCA either as a part of an exercise program or on my own, could include but may not be limited to cardiovascular training, weight lifting, aerobic exercise classes, tennis, racquetball, volleyball, wallyball, basketball and softball.

I agree to assume responsibility for any risk associated with my presence, participation and/or use of YMCA facilities or programs and, I release the YMCA, its agents, servants, and/or employees, from liability for the risk or injury, illness, or death on account of my involvement in any such physical activity at the YMCA facility.

\_\_\_\_\_  
(member signature)

\_\_\_\_\_  
(date)

The YMCA of Greater Pittsburgh is a not-for-profit health and human services organization committed to helping people to grow in spirit, mind and body. YMCAs exist to serve people of all ages, backgrounds, abilities and incomes, which is why the YMCA offers a Scholarship program based on available funding. This funding comes primarily from donations raised during our annual **Strong Communities Campaign**. Will you help to support our efforts to provide programs to every member of our community, regardless of their financial situations? Now, you can make your tax-deductible gift and take care of your membership dues at the same time. Spread your gift throughout the year by checking the box below.

I would like to make a one-time gift of \$ \_\_\_\_\_   OR

Please draft \$ \_\_\_\_\_ / month for the **Strong Communities Campaign**

#### CANCELLATION POLICY

It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30 day written notice. I understand that I must turn in all of my membership cards upon termination, and that I will receive temporary cards for the balance of the time I have paid or will be paying.