



Chambersburg Memorial YMCA Application for Membership

Please Print

Billing _____
Adult Last First M. Initial Male Female Date of Birth

Mailing Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (cell) _____ Phone (work) _____

E-mail Address _____ Status _____ Single _____ Married _____ *Committed Relationship (*Not roommates)

2nd Adult _____
Last First M. Initial Male Female Date of Birth

Children _____
Last First M. Initial Male Female Date of Birth

Last First M. Initial Male Female Date of Birth

Last First M. Initial Male Female Date of Birth

Last First M. Initial Male Female Date of Birth

*Children on family memberships must be of legal guardianship of the above member or spouse. Children must be 18 years of age or younger or full time college students 22 years or younger. College ID Card must be shown to be included on family memberships for those over 18 years.

Emergency Contact Name _____ Phone _____

The Chambersburg Memorial YMCA is founded on Christian principles and values and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, attire, smoking, use of alcohol or drugs, the removal of YMCA property, or criminal conduct of any type. Such inappropriate behavior or conduct is unacceptable and the YMCA consequently retains the right to deny membership to its applicant and to revoke a membership of any member or participant at its sole discretion. The protection of our members and guest participating in our programs and/or using our facilities is the paramount interest of the YMCA. The YMCA reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse: is a registered sex offender; habitually or excessively uses narcotics or dangerous drugs; has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs; or continuously or excessively uses intoxicating beverages.

Members/Parent/Guardian Signature _____ Date _____

Referred By _____

Are you interested in volunteering at the YMCA? Yes _____ No _____ If so, in what areas are you interested ?

*****Desk Use Only*****

Membership Type _____

ID# _____ Starting Date _____

Payment - Annual _____ Monthly _____ Bank Draft _____ Credit Card Draft _____

Amount Paid _____ Secured By _____

Referral ID _____ Date to Credited _____