



# APPLICATION FOR MEMBERSHIP

## CHAMBERSBURG MEMORIAL YMCA

Date \_\_\_\_\_

Staff Initial \_\_\_\_\_

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can not afford the full cost of membership, financial assistance is available to the extent possible. Please ask for a confidential financial assistance application.

### Membership Type

Youth    Teen    Young Adult    Adult    1 Adult Household    2 Adult Household

**PRIMARY MEMBER** (Parent or guardian for applicants under 18 years of age)

Check ID   
Staff Only

**Add-Ons:**    Men's Health Center    Women's Health Center    ADA Accessibility

Full First Name <small><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Other</small>		MI	Last Name		Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Home Address				Apt	City		State      Zip Code
Phone				Email			
Employer Name		Business Address			Business Phone		
Ethnicity <input type="checkbox"/> Caucasian / White <input type="checkbox"/> African American / Black <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Asian American <input type="checkbox"/> Native American / Pacific Islander <input type="checkbox"/> Other							
Have you been a YMCA Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you interested in Volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact First Name		Last Name		Phone Number		Relation to Emergency Contact	

### SECONDARY ADULT

Check ID   
Staff Only

**Add-Ons:**    Men's Health Center    Women's Health Center    ADA Accessibility

Full First Name <small><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other</small>		MI	Last Name		Relationship to Primary Member		
Phone		Email		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Employer Name		Business Address			Business Phone		

### DEPENDENTS & APPLICANTS

First Name	MI	Last Name	Date of Birth	Gender
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

Members/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Membership Type: \_\_\_\_\_

ID#: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Payment - Annual: \_\_\_\_\_ Monthly: \_\_\_\_\_ Bank Draft: \_\_\_\_\_ Credit Card Draft: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

**TERMS AND CONDITIONS**

The YMCA has a zero tolerance policy for any form of abuse or mistreatment of youth. Therefore, the YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access. In addition, 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, 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 is presently or habitually under the influence of dangerous drugs or chemicals, narcotics or intoxicating beverages.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE**

I, for no consideration, hereby give permission to Chambersburg Memorial YMCA and/or parties designated by Chambersburg Memorial YMCA to photograph myself and/or my family and use such photographs in all forms of media, for any and all promotional purposes including but not limited to advertising, publicity, display, audiovisual, exhibition, commercial or editorial use.

I understand that the term "photograph" as used herein encompasses both still photographs, audio recording and video footage.

I hereby release Chambersburg Memorial YMCA and any of its associates, affiliates, appointed advertising agencies and designated directors, officers, agents, employees and customers from any claims.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**YMCA CODE OF CONDUCT**

I, the undersigned have received a copy of the Chambersburg Memorial YMCA's Code of Conduct.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Member Services Representative Signature

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_