

Membership Form

Date _____

Please Print

Receipt #	
New	
Renewal	
Clerk ID	

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Gender _____

What is your race/ethnicity?

- African American
- Hispanic
- American Indian/Native Alaskan

- Unknown
- Asian/American/Pacific Islander
- Multi-Racial
- Non- Minority (White)

Additional family Members

Name	Date of Birth	Age

Emergency Contact _____ Phone _____

Membership Type _____ Date Membership begins _____ Expiration date _____

Adult general		Adult gold	
Adult Couple General		Ad Cpl Gold	
Family General		Family Gold	
Senior General		Senior Gold	
Student General		Student Gold	
Daycare general		Daycare Gold	
Staff			

Payment Type Cash _____ Check _____ Credit Card _____ Other _____

	Jan	Feb	March	April	May	June
Amount						
Receipt						
Clerk						
	July	August	September	October	November	December
Amount						
Receipt						
Clerk						

I UNDERSTAND THAT THE YWCA URGES ALL MEMBERS TO CONSULT A PHYSICIAN BEFORE BEGINNING ANY TYPE OF EXERCISE PROGRAM. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT OF ACTION OF ANY KIND ARISING AS THE RESULT OF SUCH ACTIVITY FROM WHICH LIABILITY MAY OR COULD ACCRUE TO THE YWCA OF BERRIEN COUNTY, ITS OFFICERS, AGENTS, EMPLOYEES, OR INSTRUCTORS.

Signature _____ Date _____