



Merrimack Valley YMCA

- New
- Renewal

Membership #: _____

Primary Member Information (Please print clearly)

Name _____ Male Female
First Last MI

Address _____
Street Apt/Floor # City/Town State Zip

Home Phone Number: () _____

Cell Phone Number: () _____ Date of Birth: _____

Email: _____

Employer: _____ Work Phone Number: () _____

Employer Address: _____
Street City/Town State Zip

Emergency Contact: _____ Emergency Number: () _____

If applying for a Family Membership, please complete the following:

	<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>
Second Adult for Family 2	_____	___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female

Employer of Second Adult _____ Work Telephone _____

	<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>
Child on Membership	_____	___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female

Child on Membership _____ Male Female

Child on Membership _____ Male Female

Child on Membership _____ Male Female

Child on Membership _____ Male Female

The following questions are for YMCA and United Way Statistics only, these questions are **optional**.

Marital Status: Single Married

Ethnic Code: (C) Caucasian (B) Black (A) Asian (H) Hispanic
 (N) Native American Other _____

Primary Language: (E) English (A) Asian (S) Spanish (B) Bilingual (N) Native American
 Other _____

Income Level: Less than \$5,000 \$5,000 – 10,000 \$10,000 - \$25,000 \$25,000 - \$30,000
 \$30,000 - \$45,000 \$45,000 - \$60,000 \$60,000 - \$75,000 over \$75,000

What at the YMCA interests you? (Please check all that apply to you).

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Family Activities | <input type="checkbox"/> Child Care | <input type="checkbox"/> Aquatics Programs | <input type="checkbox"/> Aerobics/Fitness |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Strength Training |
| <input type="checkbox"/> The Arts | <input type="checkbox"/> Babysitting | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Preschool Programs | <input type="checkbox"/> Youth Basketball | <input type="checkbox"/> Board Member | <input type="checkbox"/> Volunteer |

Please complete BOTH sides of this application.

Where did you hear about the YMCA? (Please check all that apply to you).

- Local radio Friend YMCA brochure Cable/TV Member
 National recognition Newspaper Doctor Internet Other: _____

Code of Conduct:

At the Merrimack Valley YMCA, we expect members, staff and guests to behave in accordance with our mission and values at all times, respecting the rights and dignity of others.

We demonstrate our Character Values of **Respect, Responsibility, Caring** and **Honesty** by:

- ◆ Speaking in respectful tones; refraining from the use of vulgar or derogatory language.
- ◆ Resolving conflicts in a respectful, honest and caring manner; never resorting to physical contact or threatening gestures.
- ◆ Respecting the property of others; never engaging in theft or destruction.

Adherence to the YMCA Code of Conduct is essential. Non-compliance may result in suspension or termination of YMCA membership privileges.

Promotional Release Waiver:

I hereby grant consent to release photographs and/or video footage of myself and family members listed on this application to the Merrimack Valley YMCA for commercial and art purposes in any medium of advertising, communication, publication, or publicity that will promote YMCA programs and services and/or recognition or participants. It is my understanding that the YMCA is a nonprofit organization.

Insurance:

It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA is not responsible for any items lost on the premises.

Terminations/Refunds:

The Merrimack Valley YMCA reserves the right to cancel memberships for any misconduct in the use of our facility. In this event and under certain other circumstances, a prorated refund will be given.

Bank/Credit Card Draft terminations must be completed five (5) days prior to your draft date.

I have read and I agree to comply with the above statements.

Signature of Applicant: _____ Date _____
(If applicant is a minor, parent or guardian signature is required).

This Section to be completed by YMCA Staff Only

Membership Type Code: _____

If this is a College Membership, attach a copy of their College ID, which MUST be dated.

Amount Received	Name of Person Paying		Receipt #
Start Date	Expire Date	Received by	<input type="checkbox"/> all family members are entered into Finesstri

Notes: