



# MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
(Last) (First) (M)

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Used for all members of account for check in. Used for contact purposes only.

Email: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Primary Y Location:  Cooper  Downtown  Fallbrook  Northeast

Please help our marketing efforts; did any of these influence your decision to join the Lincoln Y?

Direct Mail  Radio Ad  Newspaper Ad  Other \_\_\_\_\_

- This is my first time exercising or I haven't exercised in years and need assistance in getting started.
- I am an experienced exerciser and just need to familiarize myself with the equipment or programs.
- I would like more information on programs for myself and/or my family.
- I am a returning YMCA member and feel comfortable with everything at this time.

Name of 2<sup>nd</sup> Adult: \_\_\_\_\_ Gender: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
Used for contact purposes only.

Email Address: \_\_\_\_\_

### Dependent Children (claimed on your income tax):

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

"I understand that Membership does not take effect until payment information is setup at a YMCA facility. I also understand that it is my responsibility to notify the Lincoln YMCA of my intent to cancel my membership in writing in accordance with the cancellation policy. No membership dues will be refunded when facilities are not used. "

Member's Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

For Office Use Only:

Date & Time of Transaction: \_\_\_\_\_ Membership Type: \_\_\_\_\_

Entered by (Print Name): \_\_\_\_\_ Verified by (Print Name): \_\_\_\_\_

Direct Draft Authorization Completed OR  Payroll Deduction Notice Completed  Welcome Email Sent

