



| <u>Membership Type</u> | |
|----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Family Global | <input type="checkbox"/> Family Golf Out-of-County |
| <input type="checkbox"/> Single Adult Global | <input type="checkbox"/> Single Golf Out-of-County |
| <input type="checkbox"/> Family Golf | <input type="checkbox"/> Junior Golf |
| <input type="checkbox"/> Single Adult Golf | |

Primary Member _____ Effective Date ____ - ____ - ____ Expiration ____ - ____ - ____

First Name: _____ MI: _____ Last name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: ____ - ____ - ____ Mobile Phone: ____ - ____ - ____ Birthdate: ____ - ____ - ____

Gender: M F Marital Status: Single Married Divorced Separated

Ethnicity: White African American Hispanic Asian Other

eMail _____

Emergency Contact Information: Name _____ Phone ____ - ____ - ____

for Family Memberships: All family members must be claimed on your income taxes

| First Name | Last Name | Gender: M / F | Birthdate |
|------------|-----------|---------------|-----------|
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|------------------------------------------------------------------------------------------------|--------------------------|---|
| Has any member on this application ever been convicted of a felony or a crime against a child? | Y | N |
| Name _____ | Type of Conviction _____ | |
| Dates _____ | Details _____ | |
| | | |

Please read before signing:

As a YMCA member; 1) I state that I and all family members participating in YMCA activities or use of the YMCA facilities are in good physical health with no medical restrictions or physical limitations; 2) accept responsibility for myself and family members who participate in the YMCA activities or use the YMCA facilities; 3) acknowledge and assume risks involved in exercise and other activities requiring physical exertion; 4) agree that the YMCA may photograph or videotape me or my family members and the YMCA may use those photographs or videotapes for their marketing purposes.

Primary Member Signature _____ Date _____