Algona Family YMCA
Membership Application

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP TYPE: ☐ Family ☐ Couple ☐ Individual ☐ Young Adult ☐ Youth ☐ Scholarship

PAYMENT METHOD: ☐ Pay In Full ☐ Bank Draft

NAME: _____ ___ _____
First M.I. Last

MAILING
ADDRESS: _____ _____ _____ _____
"911" or City Address or P.O. Box # City State Zip

EMAIL ADDRESS: _____ BIRTH DATE: _____ GENDER _____

HOME PHONE: _____ WORK PHONE: _____x_____ CELL PHONE: _____

EMPLOYER or SCHOOL (if student): _____

EMERGENCY CONTACT: _____ _____ _____
Name Relation Phone

ANY KNOWN MEDICAL CONDITIONS OR ALLERGIES THAT THE Y NEEDS TO KNOW ABOUT IN CASE OF AN EMERGENCY: _____
_____

As a member of the YMCA I agree to follow the policies set forth by the Board of Directors. I understand that YMCA staff reserve the right to revoke my membership privileges for inappropriate behavior and have the right to assess me for any or all damage to equipment or facility caused by me. **All membership fees are non-refundable**. The YMCA is not responsible for loss of personal belongings. I also understand that my participation in YMCA activities carries with it a risk of accidental injury. All membership fees are reviewed annually and may be adjusted upon notification from the YMCA. I hereby authorize the Algona Family YMCA to use photographs in any or all of its publicity without limitation.

Member
Signature _____ Date _____

OFFICE USE ONLY
Card ID #: _____
Staff Initials: _____

LIST ADDITIONAL HOUSEHOLD MEMBERS:

- **Family:** Max of two adults and dependent children living at same private residence up to age 18 or full-time college through age 23.
- **Couple:** Two married adults
- **Individual :** One person
- **Young Adult:** One person age 18-30
- **Youth:** One person birth to age 17

First	MI	Last (if different)	Gender	Birth Date	Card Number
_____	___	_____	___	_____	_____
_____	___	_____	___	_____	_____
_____	___	_____	___	_____	_____
_____	___	_____	___	_____	_____
_____	___	_____	___	_____	_____