

Member Information:

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address _____ City _____ State _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthdate: _____

Gender: [] Male [] Female Marital Status: [] Married [] Single [] Divorced [] Widowed

Emergency Contact: _____ Phone: _____ Relation: _____

Spouse Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____

Employer:

Company Name: _____ Phone: _____

Address _____ City _____ State _____ Zip: _____

Job Title: _____ Email: _____

If Family Membership please provide:

Children under 17:

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Please Check areas of interest:

- [] Aquatics & Wellness
- [] Studio Arts
- [] Youth Services
- [] Women's Services
- [] Latino Family Center

Program Membership & Yearly Fee:

- [] Star Child under 17 (\$20) [] Star Adult (\$45)
- [] Star Senior 62 & over (\$30) [] Star Family living together (\$75)

Monthly Aquatics & Wellness Membership Fees: \$25 Joining fee

- [] Aquatics & Wellness 1 Adult with dependents (\$60) per month
- [] Aquatics & Wellness Adult (\$35) per month
- [] Aquatics & Wellness Family Living together (\$65) per month
- [] Aquatics & Wellness Senior over 62 years of age (\$30) per month
- [] Aquatics & Wellness Senior Couple over 62 years of age (\$55) per month
- [] Aquatics & Wellness Young Adult age 18-25 years (\$30) per month
- [] Aquatics & Wellness Youth under 18 years of age (\$20) per month

[] I would like to donate in addition to my membership please add this amount: \$ _____

Revised 7/18/16

How did you hear about the YWCA? Television Newspaper Magazine School Member
 Drive by / live in the area Email Family/Friend Direct mail Work place Former member

Liability Release:

I hereby assume all risks associated with my/my child's participation in ywca programs and agree to hold harmless the ywca, its employees, agents, representatives and volunteers from any and all liability action, causes of action claims, the terms hereof shall serve as an assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

Signature of member / Parent or guardian if under 17 _____ Date _____

Photo Release:

I agree and consent to the use of photographs likenesses of me/my children participating in the ywca programs for publicity and promotional purposes by the ywca.

Signature of member / Parent or guardian if under 17 _____ Date _____

Our Mission:

"YWCA High Point is dedicated to eliminating racism, empowering women and promoting peace justice, freedom and dignity for all. "

Please read and initial the following:

_____ If my membership dues are paid through a credit card draft or electronic funds transfer, I understand that this is a continuous membership plan.

_____ It is my complete understanding that if I wish to terminate or change my membership in any way, that I must notify the YWCA by the 25th to stop my bank draft for the upcoming month. After the 25th, the next month's draft will be processed.

_____ Each unit (excluding youth memberships) has 3 guest passes per calendar year. All guests must be accompanied by a current adult member. Additional guest passes are \$5 per visit.

YWCA Office Use only

YWCA Unit ID Number: _____ Membership Type: _____

YWCA Membership Card Nbr: _____ YWCA staff initials: _____

Payment method: Bank draft Annual Pay Invoice

Joining Fee: Paid Promotion Scholarship

Financial Assistance Approved _____ YWCA staff initials: _____

Monthly Dues: _____

Draft or Invoice

(circle one)

