

HOW DID YOU HEAR ABOUT YWCA HIGH POINT? Television Newspaper Magazine
 School/ work YWCA Member Driving by/live in the area Email Family/Friend

LIABILITY RELEASE:

I hereby assume all risks associated with my/my child's participation YWCA programs and agree to hold harmless 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 do not agree to the use of photographs, likenesses of me/my child participating at YWCA and in YWCA programs for publicity and promotional purposes by YWCA.

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

OUR MISSION:

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

PLEASE READ AND INITIAL THE FOLLOWING:

___ I understand that my membership dues must be paid through an automatic credit card or electronic funds transfer and 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, I must notify YWCA before the 25th of the month to stop my credit card or bank draft for the following month. After the 25th, the following 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 Number: _____ YWCA Staff Initials: _____ Date: _____

Payment Method: Electronic Funds Transfer Credit Card

Joining Fee: Paid Promotion Scholarship

Financial Assistance Approved Amount: _____ Staff Initials: _____ Date: _____

Program: _____ Monthly Dues: _____ Weekly Dues (ASC Only) _____



Member Information

Date: _____

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

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

Phone: _____ Email: _____ Date of Birth: _____

Gender: Male Female Marital Status: Married Single Divorced Widowed

Emergency Contact: _____ Phone: _____ Relation: _____

Spouse's Information:

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

Email: _____ Date of Birth: _____

EMPLOYER

Company Name: _____ Phone: _____

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

Job Title: _____

FOR FAMILY MEMBERSHIP

Children Under 17

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

MEMBERSHIP TYPE AND FEE:

Star Child under 17 (\$25) Star Adult (\$50) Star Senior 62 & over (\$35) Star Family (\$80)

Aquatics & Wellness Youth under 18 (\$20 per month)

Aquatics & Wellness Young Adult 18-30 years of age (\$30 per month)

Aquatics & Wellness Adult 30-61 years of age (\$40 per month)

Aquatics & Wellness 1 Adult with dependents (\$65 per month)

Aquatics & Wellness Family Living Together (\$75 per month)

Aquatics & Wellness Senior over 62 years of age (\$35 per month)

Aquatics & Wellness Senior Couple over 62 years of age (\$60 per month)

I would like to make a one time additional monthly gift of \$ _____ to support YWCA programs.

