

**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 25<sup>th</sup> of the month to stop my credit card or bank draft for the following month. After the 25<sup>th</sup>, 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 \$10 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 Draft Form on File:  Yes  No

Joining Fee:  Paid  Promotion  Scholarship

Financial Assistance Approved  Amount: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Monthly Dues: \_\_\_\_\_ Weekly Dues (ASC Only) \_\_\_\_\_ Summer Camp \_\_\_\_\_



**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: \_\_\_\_\_ Phone: \_\_\_\_\_

**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 < 17 (\$25/Child)  Star Adult (\$50)  Star Senior 65+ (\$35)  Star Family (\$80) ANNUAL

Aquatics & Wellness Youth up to 17 years of age (\$22 per month)

Aquatics & Wellness Young Adult 18-30 years of age (\$32 per month)

Aquatics & Wellness Adult 30-64 years of age (\$45 per month)

Aquatics & Wellness 1 Adult with dependents (\$70 per month)

Aquatics & Wellness 2 Adults and Dependents (\$75 per month)

Aquatics & Wellness 2 Adults in Same House (\$60 per month)

Aquatics & Wellness Senior over 65 (\$40 per month)

Peer Fit  Renew Active  Silver and Fit  Silver Sneakers ID Number: \_\_\_\_\_

Add Adult \$20 per month

I would like to make a monthly donation of \$\_\_\_\_\_ to support YWCA's mission

