

Membership Form

Please use ballpoint pen to complete all but shaded areas. Thanks!

ADULT NAME	Title	First Name	MI	Last Name	Nickname
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PRIMARY MEMBER INFORMATION	
Street Address	
Apt Number or PO Box	City
State	Zip
Home Phone Number	Cell Phone Number
Birth date (MM/DD/YY)	M/F
Email Address	

FAMILY MEMBERS (FIRST, MI)			
0	Adult	Birth date / /	M/F
1	Child	/ /	
2	Child	/ /	
3	Child	/ /	
4	Child	/ /	
5	Child	/ /	
6	Child	/ /	

EMERGENCY INFORMATION	Emergency Contact Name	Relationship	Emergency Phone Number
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WHAT ARE YOUR OR YOUR FAMILY'S AREAS OF INTEREST? (Check all that apply)			
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Family/Member Events	<input type="checkbox"/> Member News	<input type="checkbox"/> Sports Leagues
<input type="checkbox"/> Y Ambassadors	<input type="checkbox"/> Family Fitness	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Sport Walking
<input type="checkbox"/> Active Older Adults	<input type="checkbox"/> Fitness	<input type="checkbox"/> Pee Wee Sports	<input type="checkbox"/> Teen Programs
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Pilates	<input type="checkbox"/> Trips and Excursions
<input type="checkbox"/> Baby Enrichment	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Preschool	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Lap Swim	<input type="checkbox"/> Personal training	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Camps	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Skate	<input type="checkbox"/> Y-Adventure Guides
<input type="checkbox"/> Childcare	<input type="checkbox"/> MasterFit	<input type="checkbox"/> Soccer	<input type="checkbox"/> Yoga
<input type="checkbox"/> Dance	<input type="checkbox"/> Master Swimming	<input type="checkbox"/> Studio Cycling	<input type="checkbox"/> Other

HOW DID YOU HEAR ABOUT THIS YMCA? (Please check the primary method)				
<input type="checkbox"/> Brochure	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Guest/Day Pass	<input type="checkbox"/> Referred by Member	<input type="checkbox"/> Web Site
<input type="checkbox"/> Coast News	<input type="checkbox"/> Drive By	<input type="checkbox"/> North County Times	<input type="checkbox"/> Returning Member	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Corporate Mbrship Plan	<input type="checkbox"/> Freeway Sign	<input type="checkbox"/> PennySaver	<input type="checkbox"/> Union Tribune	<input type="checkbox"/> Other

WHAT STATEMENT BEST DESCRIBES YOUR CURRENT ACTIVITY LEVEL?	
<input type="checkbox"/> I exercise on a regular basis	<input type="checkbox"/> I am looking to start exercising for the first time
<input type="checkbox"/> I have been an on again/off again exerciser	<input type="checkbox"/> I am not currently interested in exercising

OPTIONAL: BY PROVIDING THE FOLLOWING INFORMATION ASSISTS THE YMCA IN MEETING UNITED WAY REPORTING REQUIREMENTS					
Years In Community	Annual Household Income	Ethnic Origin	Marital Status	Own/Rent?	Primary Language

The Magdalena Ecke Family YMCA Annual Campaign raises funds through tax-deductible donations, to support our Community Outreach Programs.

Yes, I would like to make a donation to the Magdalena Ecke Family YMCA Annual Campaign

Please add \$_____ to my monthly membership bank draft (Note: A \$10 monthly draft= \$120 donation for the year, which will send one child to summer camp)

I would like to make a one time donation of \$_____ to be paid on _____ (Please send me a bill)

FOR NEW MEMBERS ONLY

Bank Draft Authorization: I (We) hereby authorize the YMCA of San Diego County, herein called the YMCA, to initiate debits to the BANK indicated below, hereinafter called BANK, to debit the amounts thereof to my account (checking or credit card account indicated below).

_____ Checking Account # _____ OR Credit Card # _____ Exp Date _____
 Initial _____ Attached Voided Blank Check

_____ This authority is to remain in full force and effect until the YMCA has received written notification and the return of my membership card 10 days prior to draft date, or until the YMCA has sent 10 day notification to me regarding termination of this agreement.
 Initial _____

_____ I understand that bank drafts occur on the 10th or 25th for checking accts and the 15th for credit card accts, and that it is my responsibility to check my monthly statement and report any corrections immediately to the YMCA. A \$20 service fee will be applied for all accounts returned unpaid, closed, or payment stopped.
 Initial _____

_____ I understand there are no refunds given.
 Initial _____

_____ I understand I must bring my membership card each time I visit the YMCA and swipe it to gain access. Replacement cards are \$10 if my card is lost or misplaced.
 Initial _____

_____ I understand that my YMCA membership cannot be put on "hold" for short term illness or vacation without written approval from the Executive Director. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk.
 Initial _____

_____ I have read and understand the YMCA Member Code of Conduct and agree to follow these guidelines while participating at the YMCA. As the primary member, I am responsible for educating any other person(s) on the membership as to the YMCA Member Code of Conduct.
 Initial _____

Member Signature _____ Date _____ Staff Signature _____ Date _____

