



NEWARK YMCA MEMBERSHIP APPLICATION PERSONAL INFORMATION

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Last Name: _____ First Name: _____ Date of Birth: _____
Address: _____ Apt. #: _____ City: _____
State: _____ Zip Code: _____ Email: _____
(Phone) Home: _____ Business: _____ Cell: _____
Emergency Contact: _____ Emergency Phone: _____

If this is a family membership, please provide family members following information:

LAST NAME	FIRST NAME	RELATIONSHIP	DATE OF BIRTH

JOB INFORMATION

Employer: _____
Employer Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

TYPE OF MEMBERSHIP (Please Check)

Youth () Older Youth () Young Adult () Silver Adult ()
Silver Senior () Gold Adult () Gold Senior () Single Parent ()
Household () **Is this a corporate membership?** Yes () No () Others _____
Payment Method: Annual () Semi-Annual () 3 Months ()
Perpetual/Draft () Pay As You Go ()

MEMBER CONSENT

I consent that I have received the membership handbook that includes: the Membership Agreement and other pertinent information about the program, policy, amenities and fees. I agree to abide by the rules and regulations described therein. I understand that the Newark YMCA reserves the right to cancel my membership for any infringement of its policies.

Member's Signature

Date

Staff's Name

Date