



FREMONT FAMILY YMCA

MEMBERSHIP APPLICATION

Join Date _____ Member ID # _____ Member Type _____

Name _____ Gender: Male Female
Last First M.I.

Referred by _____ Are they a Fremont Family YMCA member? Yes No

Address _____
Street/Apt. # City State Zip

Date of Birth _____ Home Phone _____

Cell phone _____ Email address _____

Employed by _____ Work Phone _____

Spouse _____ Date of Birth _____ Employer _____

EMERGENCY CONTACT _____ Phone _____

CHILDREN (oldest to youngest)	GENDER	DATE of BIRTH	SCHOOL	GRADE

Membership Fee Joiner Fee Total Membership Fee

_____ (+) _____ (=) _____

I understand that this membership is not transferrable and membership dues are not refundable. Written notification before the 5th of the month is required to terminate bank drafts. I also agree to notify the Fremont Family YMCA Membership Office of any change in bank or employment status that would affect my payment procedure. I also understand that the Fremont Family YMCA will attempt to notify me 30 days in advance of any rate changes.

I understand that if my membership lapses for a period of more than 60 days I will be charged the new member joiner fee. I understand and agree that all members listed above must abide by all rules and regulations of the Fremont Family YMCA.

Date: _____ Signature of YMCA member _____

FOR OFFICE USE ONLY: Member code _____ Receipt # _____ Expiration Date _____

Comments; _____
