



Ardmore Family YMCA Membership Applications

Member #

Primary Member

Name: First	Middle	Last	
Street Address	City	State	Zip
Home Phone	Cell Phone	Email	
Date of Birth	Gender	Race	

Additional Family Members

Name (first, middle, last)	Date of Birth	Gender	Relationship
Name (first, middle, last)	Date of Birth	Gender	Relationship
Name (first, middle, last)	Date of Birth	Gender	Relationship
Name (first, middle, last)	Date of Birth	Gender	Relationship
Name (first, middle, last)	Date of Birth	Gender	Relationship
Name (first, middle, last)	Date of Birth	Gender	Relationship
Name (first, middle, last)	Date of Birth	Gender	Relationship

Emergency Contact

Name	Phone	Relationship
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Type of Membership - Nationwide Membership Participant

\$65 joining fee applies (except for annual memberships)

- | | |
|--|--|
| <input type="checkbox"/> Household 1: Married couple + children under 18 | <input type="checkbox"/> Adult (ages 18-59) |
| <input type="checkbox"/> Household 2: Two adults + children under 18 | <input type="checkbox"/> Married Couple (ages 18-59) |
| <input type="checkbox"/> Household 3: Three adults + children under 18 | <input type="checkbox"/> Senior Adult (ages 60+) |
| <input type="checkbox"/> Household 4: Four adults + children under 18 | <input type="checkbox"/> Senior Couple (at least one is 60+) |
| <input type="checkbox"/> Single Parent: One adult + children under 18 | |

Special Memberships (Not eligible for nationwide)

- | | |
|--|---|
| <input type="checkbox"/> Month Pass: \$65 (no joining fee, no prorate) | <input type="checkbox"/> Teen: 3 mo. @ \$45 (ages 12-17, no join fee) |
| <input type="checkbox"/> College Special: \$60 (verified credit hours required, no joining fee) | |
| <input type="checkbox"/> 90 Day Summer College Special: \$75 (current college ID required, no joining fee, no prorate) 1X only | |
| <input type="checkbox"/> Active & Fit / Silver & Fit (activation code required) | <input type="checkbox"/> AARP Supplement (activation code required) |

Payment Method

- | | |
|--|---|
| <input type="checkbox"/> Monthly Bank Draft (drafted on 8th or 22nd) | <input type="checkbox"/> Annual Membership (no joining fee) |
| <input type="checkbox"/> Quarterly Statement (due on the 1st) | |



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Payment Authorization (signature required for monthly membership only)

I authorize my financial institution to honor drafts drawn by the YMCA on my account. It is understood that bank drafts will be continuous until 10 days after written notification has been received by the YMCA. Should any draft not be honored by my financial institution, I understand that it is still my responsibility to make payment for all fees due, including any fees not covered by the bank. The YMCA reserves the right to charge a \$25 fee for nonsufficient bank drafts.

Primary adult signature

Date

Not A Sex Offender (signature required)

The Ardmore Family YMCA will deny all applications for membership and/or program participation to anyone who is known by us to be a registered sex offender. By signing below I acknowledge that I am NOT a registered sex offender nor is anyone else included on our membership application. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.

Primary Signature

Print Name

Date

For questions or additional information regarding the Ardmore Family YMCA's registered sex offender policy please contact the Ardmore Family YMCA's Membership Director @ 580-223-3990.

Waivers (signature required)

Please sign the attached waiver that coincides with your new membership type (i.e. adult or minor)

FOR OFFICE USE ONLY

YMCA Staff Member: _____

Unit # _____