

YMCA of Eastern Union County Membership Application

_____ Elizabeth Branch

_____ Five Points Branch

_____ Rahway Branch

Type of Membership Code Member ID

Personal Information (Informacion Personal)

Last Name _____ First Name _____ DOB _____

Address _____ Apt. # _____ City _____ State _____

Zip Code _____ Phone # _____ Ethnicity (Raza) _____ Sex: Female [] Male []

Emergency Contact Name _____ Emergency Contact Phone # _____

Relationship to Applicant _____

Job Information (Informacion de Trabajo)

Employer _____ Position _____

Employer's Address _____ Phone # _____

Type of Membership (Please check one)

_____ Youth (12 and under)

_____ Teen (13-17)

_____ Youth Program

_____ Young Adult (19-23)

_____ Adult (24-61)

(Tipo de membresia, marque una)

_____ Resident

_____ Single Parent (1 adult, children under 18, or full time student up to 23)

_____ Family (2 adults, children under 18, or full time student up to 23)

_____ Senior (62 plus)

IS THIS A FAMILY MEMBERSHIP? (ES ESTA UNA MEMBRESIA FAMILIAR?) _____ YES _____ NO

If yes, print all your family member's name and DOB in the space below.

(Si es familiar, escriba los nombres y fechas de nacimiento de sus familiares)

Last Name	First Name	M/F	DOB	Relationship	School

METHOD OF PAYMENT (FORMA DE PAGO)

Full Payment (Pago total) YES [] NO []

Bank Draft (Deduccion Automatica de su Cuenta de Cheques) YES [] NO []

If yes, need to sign a Bank Draft Authorization Form & provide us with a blank void check.

(Necesita firmar una autorizacion y darnos un cheque anulado.)

Credit Card Draft (Deduccion Automatica de su Tarjeta de Credito) YES [] NO []

If yes, need to sign a Credit Card Draft Agreement.

(Necesita firmar una autorizacion.)

Monthly Cash Plan (Plan de pagos mensuales) YES [] NO []

Membership is continuous. It is my understanding that if I wish to terminate my membership in any way or make any changes, I must give the YMCA Branch a 30 day written notice.

(Las membresias son continuas, entiendo que para terminarla tengo que notificar a la sucursal de la YMCA por escrito con 30 dias de anticipacion.)

I AGREE THAT THE YMCA SHALL NOT BE RESPONSIBLE FOR ANY PERSONAL INJURIES OR LOSSES SUSTAINED BY ME OR MY FAMILY WHILE ON ANY YMCA PREMISES, OR AS A RESULT OF ANY YMCA SPONSORED ACTIVITIES. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE YMCA FROM ANY CLAIMS OR DEMANDS ARISING OUT OF ANY SUCH INJURIES OR LOSSES.

(ENTIENDO QUE LA YMCA NO ES RESPONSIBLE POR NINGUN ACCIDENTE O PERDIDA QUE ME PUEDA OCURRIR ESTANDO EN SUS INSTALACIONES O COMO RESULTADO DE CUALQUIER ACTIVIDAD QUE LA YMCA ESTE PATROCINANDO, TAMBIEN ENTIENDO QUE NO VOY A EXIGIR NINGUNA INDEMNIZACION A LA YMCA COMO RESULTADO DE CUALQUIER DEMANDA QUE PUEDA OCURRIR COMO RESULTADO DE ALGUNA PERDIDA O ACCIDENTE.)

[] I or a member of my family have a Medical condition, YMCA staff should be aware of prior to me starting a fitness program.

[] Tengo una condicion medica que el personal del YMCA debe saber antes de yo comenzar un programa de ejercicio.

[] I do not have a Medical condition. I am able to perform any fitness program.

[] No tengo ningun problema de salud, por lo tanto puedo comenzar el programa de ejercicio sin ningun problema.

Member's Signature (Firma)

Date (Fecha)

Staff Initials