

YM-YWHA of Union County 2018 MEMBERSHIP APPLICATION

www.uniony.org

501 Green Lane Union, NJ 07083

General Membership

- Family Single Parent Family Couple Adult Fitness Only Pool Only
 Senior Social Senior Gold Senior Gold Couple Student

Health Club Membership - In Addition to General Membership

- Male Female Couple Senior Male Senior Female Senior Couple

Member Category

- Camp Day Care Senior Programs Afterschool Fitness/Aquatics Swim Team

- Mr. Mrs. Miss Ms. Dr. Rabbi

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Email Address _____

Home Phone _____ Cell # _____ Work # _____

Employer _____ Occupation _____

Emergency Contact _____ Emergency Phone # _____

- Mr. Mrs. Miss Ms. Dr. Rabbi

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Email Address _____

Home Phone _____ Cell # _____ Work # _____

Employer _____ Occupation _____

Children (Unmarried under age 25)

Name _____ D.O.B. _____ Name _____ D.O.B. _____

Name _____ D.O.B. _____ Name _____ D.O.B. _____

Name _____ D.O.B. _____ Name _____ D.O.B. _____

I, the undersigned hereby apply for membership at the YM-YWHA of Union County. "Y" Membership is required for Camp, Afterschool and Day Care Programs. I agree to abide by the "Y" Membership rules and by-laws set forth in the annual program guide. I understand that all memberships are a full year beginning 10/1 and expire 9/30 of the following year. All Memberships must be cancelled in writing.

MEMBERSHIP IS NON-REFUNDABLE

Members Signature _____ Date _____

PRIMARY MEMBER

SECONDARY MEMBER