



# YM-YWHA OF UNION COUNTY MEMBERSHIP APPLICATION

Single     Married     Separated     Divorced     Widowed

**Adult**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Religion \_\_\_\_\_ Name of Temple \_\_\_\_\_

**Spouse**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Mobile \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Children: age 24 and under**

Child 1 \_\_\_\_\_ Birth Date \_\_\_\_\_ Child 2 \_\_\_\_\_ Birth Date \_\_\_\_\_

Child 3 \_\_\_\_\_ Birth Date \_\_\_\_\_ Child 4 \_\_\_\_\_ Birth Date \_\_\_\_\_

Child 5 \_\_\_\_\_ Birth Date \_\_\_\_\_ Child 6 \_\_\_\_\_ Birth Date \_\_\_\_\_

Other Children \_\_\_\_\_

**In Case of Emergency**

Physician Name \_\_\_\_\_ Office # \_\_\_\_\_

Emergency Name 1 \_\_\_\_\_  Work  Home  Beep  Cell \_\_\_\_\_

Emergency Name 2 \_\_\_\_\_  Work  Home  Beep  Cell \_\_\_\_\_

**Please choose one membership category from below:**

Family     Single Parent Family     Couple     Adult     Student

Senior Gold     Senior Gold Couple     Senior Social (Limited to Social Activities)

H/C - Male     H/C Female     H/C Couple

**Areas of Interest**

Childcare     After School     Camp     Game Room     Adult Trips

Pool     Gym     Weight Room     Steam Room     Sauna

Massage     Events     Lunch Program     A place to go to     Senior Programming

Teen Programming     Other \_\_\_\_\_

**Information — How did you hear about us:**

Paper     Guest     Synagogue     Friend     Yes     No

Other \_\_\_\_\_

Are you part of a group membership?  No  Yes If yes what group \_\_\_\_\_

**Payment Information — Please choose your payment plan options below.**

I am Paying in Full     3 Monthly Payments by Check. Check # \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Visa     MasterCard (process on  1st  15th of the month  3 Monthly payments)

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I authorize the payment listed above. Signature \_\_\_\_\_

Fee:	_____
Credit / Ebd:	_____
Down Payment:	_____
Balance:	_____
3 Monthly Pay:	_____

**Contract — PLEASE READ CAREFULLY BEFORE SIGNING:**

*I/We, the undersigned, hereby make application for membership at the YM-YWHA of Union County. I/We agree to abide by its rules and by-laws. I/We understand that all memberships start October 1st and terminate on September 30 of each year. I/We understand that if I/We are new members joining during the course of the Y's fiscal year, that I/We will receive a credit towards next year's Membership for the number of months unused from October 1 to the date of joining. I/We understand that all memberships are for a full year and I/We are responsible for payment of a full year's membership dues. Failure to continue my membership by Jan. 1 will result in the forfeiture of my credit and the cancellation of my membership. I/We understand that membership is renewed automatically. Failure to advise of my/lour desire to cancel before October 30th will make me/us liable for a full years membership. Parent Signature is required for children under 18. I/We understand that this application remains in full effect throughout the course of my/lour membership. MEMBERSHIP IS NON-REFUNDABLE*

APPLICANT'S SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S/Parent SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

**Office use: Acct # \_\_\_\_\_ Signed up By whom \_\_\_\_\_**

Reg     Scholarship     JFS     Clergy - Temple     Corporate/Group     Federation     XX

Comments \_\_\_\_\_