

**SIGNATURE IS REQUIRED TO
ACTIVATE CHANGE**

**Lawton Family YMCA
Membership Changes Form**

**PLEASE VERIFY MEMBER (S)
SIGNATURES ON BOTTOM OF
APPLICATION.**

**Please complete this form to request changes or corrections, to your current YMCA Membership.
Changes will be made within 3 – 5 workdays. (Mon – Fri)**

***If this is a name and/or address change, please provide name and/or address information we currently have,
(your old information) on the back of this form.**

Name on Membership _____

Home Address _____ Home phone _____

City _____ State _____ Zip _____ Sex M ___ F ___ Birthdate ____/____/____

Employer or School _____ Work Phone _____

Is this a name change or correction? YES NO Is this an address change? YES NO

Is this a Membership Type Change? YES NO From _____ to _____

Is this a Bank Change? YES NO if so, please fill out new bank form. Other _____

**ALL MEMBERSHIP "ADD-ONS" WILL BE CONSIDERED BASED ON OUR CURRENT FAMILY
MEMBERSHIP CRITERIA*** AND ARE SUBJECT TO THE APPROVAL OF MEMBERSHIPS SERVICES.
SEE THE BACK OF THIS FORM FOR THOSE WHO QUALIFY AS FAMILY MEMBERS**

Spouse's Information

Add or Correct or Drop from membership (Please Circle One)

Spouse _____ Sex M ___ F ___ Birthdate ____/____/____

Spouse's Employer _____ Work Phone _____

Family Member Information (Birthdates must be included)

Legal Dependent	Sex	Birthdate	Add or Correct or Drop?
1. _____	M ___ F ___	____/____/____	_____
2. _____	M ___ F ___	____/____/____	_____
3. _____	M ___ F ___	____/____/____	_____
4. _____	M ___ F ___	____/____/____	_____
5. _____	M ___ F ___	____/____/____	_____
6. _____	M ___ F ___	____/____/____	_____

YMCA Mission Statement and Agreement

The Lawton YMCA strives to enhance the quality of spiritual, mental, physical and social life of the individual and the family in the Lawton-Fort Sill community by focusing on the development of responsibility, respect, honesty and a caring attitude. The Lawton YMCA is a non-profit, charitable organization, which promotes healthy lifestyles, strengthens families, enhances positive youth development and assists in the implementation of community betterment. The YMCA welcomes all people regardless of religion, race, income, age, sex, or ability to pay. In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA, and to use its facilities, equipment and machinery in addition to payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injury or damages resulting from any participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with any participation in any activities of the YMCA or the use of any equipment at the YMCA.

I (We) agree with the YMCA mission statement and will cooperate with the staff and other members to support it. **I (WE) FURTHER UNDER-STAND THAT A RESIGNATION FORM IS REQUIRED THIRTY (30) DAYS PRIOR TO MEMBERSHIP CANCELLATIONS AND THAT MEMBERSHIP IS NOT TRANSFERABLE AND NON-REFUNDABLE.**

Date ____/____/____ Signature _____

Date ____/____/____ Signature _____

BACK OUR YOUTH

[] Yes! Please add an additional \$____ to my monthly membership fee as my annual, tax-deductible contribution of \$____ to **BACK OUR YOUTH** which helps support those children who otherwise could not afford the benefits of the YMCA's youth programs.

Date ____/____/____

Signature _____

Staff Signature _____

Date ____/____/____

