

**LAWTON FAMILY YMCA
NEW MEMBERSHIP CHECKLIST**

Member name _____

- Application signed and dated by new member**
- Application initialed and dated by staff member**
- Application reviewed and signed by reviewing staff member**

Paying Month-to-month:

- All application information filled in **completely**
- Bank draft authorization filled out completely and **signed**
- Voided check provided
- Joiner fee charged or reason why waived
- Receipt copy attached to application
- Corporate rate applied and agreement signed (if applicable)
- Copy of work or student ID provided (if applicable)

Paying Semi-Annual or Annual:

- All application information filled in **completely**
- Joiner fee charged or reason why waived
- Receipt copy attached to application
- Corporate rate applied and agreement signed (if applicable)
- Copy of work or student ID provided (if applicable)

Paying by Payroll Deduct:

- All application information filled in **completely**
- Payroll deduction form filled out and signed
- Joiner fee charged or reason why waived
- Receipt copy attached to application
- Corporate rate applied and agreement signed (if applicable)
- Copy of work or student ID provided (if applicable)

Notes:

Staff initials: _____

SIGNATURE IS REQUIRED TO
ACTIVATE MEMBERSHIP

*Lawton Family YMCA
Membership Application*

FAMILY MEMBERSHIPS ARE SUBJECT
TO APPROVAL BASED ON DEFINITION
OF "FAMILY" IN THE CURRENT YMCA
PROGRAM GUIDE....

Have you ever been a member of the YMCA? ____ Yes ____ No Which Branch _____

Name _____ Sex M ___ F ___ Birthdate ___/___/___ Race _____

Home Address _____ Home phone _____

City _____ State _____ Zip _____ Cell Phone _____

Employer or School _____ Work Phone _____

Military [] Active [] Retired E-mail address _____

Family Members (if applicable)

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

Spouse's Employer _____ Work Phone _____

*****LEGAL DEPENDENTS = UNDER AGE 18 OR IN COLLEGE OR DISABLED, OR ELDERLY RELATIVES*****

Legal Dependent (Can be claimed on taxes)	Sex	Birthdate	School Attending
1. _____	M ___ F ___	___/___/___	_____
2. _____	M ___ F ___	___/___/___	_____
3. _____	M ___ F ___	___/___/___	_____
4. _____	M ___ F ___	___/___/___	_____
5. _____	M ___ F ___	___/___/___	_____
6. _____	M ___ F ___	___/___/___	_____

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 _____

~OPTIONS~

Locker Rental ___ Small @\$3 per month ___ Medium @ \$5 per month ___ Large @ \$10 per month
(Please note that your preferred size may not be available at this time and your name may have to be added to a waiting list.)

Men's Locker # _____ Women's Locker # _____ Lock # _____

___ Laundry @ \$5 per month

___ Fitness Assessment @ no charge

(Continued on back)

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 _____

Membership Information	<i>For Office Use Only</i> Payment Information	Notes:
Joiner	Per	
	Month	Fee Attached _____
___ Youth (6-13 yrs)	\$ 0 \$11.00	Paid _____ months @ _____
___ Student (14-College)	\$ 0 \$19.00	Paid Joiner Fee of \$ _____
___ Adult (18-up)	\$25 \$32.00	Receipt # _____
___ Family	\$25 \$49.00	
___ Senior Citizen	\$25 \$27.00	BD S-AN AN PD
___ Senior Family	\$25 \$40.00	

	YMCA Staff Initials and Date	_____
		Reviewed By

PLEASE VERIFY THE MEMBER(S) SIGNATURE(S)

Revised 9/1/09

All members under the age of 18 must have a parent consent form filled out and on file with this application.