



Forest City YMCA Membership Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP TYPE: Two Adults Plus One Adult Plus Youth Adult Senior Two Adults College

PAYMENT METHOD: Pay In Full Bank Draft Installments

Payroll Deduction	Insur/Corp.Reimbursement
<input type="checkbox"/> CDI	<input type="checkbox"/> Blue Cross Blue Shield MN
<input type="checkbox"/> City of Forest City	<input type="checkbox"/> MBT
<input type="checkbox"/> Good Samaritan	<input type="checkbox"/> Mosaic
<input type="checkbox"/> Waldorf	<input type="checkbox"/> United Health Care
<input type="checkbox"/> Winnebago	(select participants)
<input type="checkbox"/> Waldorf College	

NAME: _____
First _____ M.I. _____
Last _____

MAILING ADDRESS: _____
"911" or City Address or P.O. Box # _____ City _____ State _____ Zip _____

EMAIL ADDRESS: _____ BIRTH DATE: _____ GENDER: _____

HOME PHONE: _____ WORK PHONE: _____ x _____ CELL PHONE: _____

EMPLOYER or SCHOOL (if student): _____

EMERGENCY CONTACT: _____
Name _____ Relation _____ Phone _____

ANY KNOWN MEDICAL CONDITIONS OR ALLERGIES THAT THE Y NEEDS TO KNOW ABOUT IN CASE OF AN EMERGENCY: _____

As a member of the YMCA I agree to follow the policies set forth in the member guide. I understand that YMCA staff reserve the right to revoke my membership privileges for inappropriate behavior and have the right to assess me for any or all damage to equipment or facility caused by me. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. **All membership fees are non-refundable.** The YMCA is not responsible for loss of personal belongings. I also understand that my participation in YMCA activities carries with it a risk of accidental injury. All membership fees are reviewed annually and may be adjusted upon notification from the YMCA. I hereby authorize the Forest City YMCA to use photographs in any or all of its publicity without limitation.

OFFICE USE ONLY
Card ID #: _____
Staff Initials: _____

Member _____
Signature _____ Date _____

LIST ADDITIONAL HOUSEHOLD MEMBERS:

- **Two Adult Household:** Max of two adults and dependent children living at same private residence up to age 18 or full-time college through age 23. ID required with same address for additional adult.
- **One Adult Household:** One adult and dependent children living at same private residence up to age 18 or full-time college through age 23.
- **Two Adults:** Max of two adults living at same private residence. ID required with same address for additional adult.

First	MI	Last (if different)	Gender	Birth Date	School/Employer	Phone Number
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____