



**GREENVILLE/HUNT COUNTY YMCA
1915 STANFORD STREET
GREENVILLE, TX 75401**



MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP _____ **DATE** _____

FIRST NAME _____ **LAST NAME** _____

STREET _____ **CITY** _____ **STATE** _____ **ZIP** _____

MAILING _____ **CITY** _____ **STATE** _____ **ZIP** _____

EMAIL ADDRESS _____

HOME PHONE _____ **WORK PHONE** _____

BIRTH DATE _____ **GENDER:** M _____ F _____

EMERGENCY CONTACT _____ **PHONE** _____

The Greenville YMCA now offers convenient online services. Check out our website at www.greenville-ymca.org to customize your login information to access online registration and account information.

SPOUSE/DEPENDANTS ON MEMBERSHIP

NAME	BIRTHDATE	M	F	AGE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PAYMENT METHOD (check one)

FULL PAYMENT BANK DRAFT CREDIT CARD PAYROLL DEDUCTION

Medical/Health Issues: _____

I understand that if I wish to terminate my membership, I must give the YMCA a 30-day written notice. I also understand that upon termination I must turn in all membership cards. There will be a cost of \$5 for each replacement cards.

In consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in anyway from, the exercise program.

Signature of Applicant _____ **Date** _____

Referred by: _____

OFFICE USE ONLY

STAFF SIGNATURE _____ **DATE** _____

PAYMENT RECEIVED _____ **ENTERED:** YES _____ NO _____ (2009)

YMCA Mission

“To put Christian principle into practice through programs that build healthy spirit, mind and body for all.”