



# Algona Family YMCA Membership Application

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP TYPE:  Household  2 Person Household  Individual  Young Adult  
 Youth  Scholarship

PAYMENT METHOD:  Pay In Full  Bank Draft

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

As a member of the YMCA I agree to follow the policies set forth by the Board of Directors. 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. **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 Algona Family YMCA to use photographs in any or all of its publicity without limitation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY  
Card ID #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

I understand that I must sign a cancelation by the 5<sup>th</sup> of the month in order to stop monthly bankdraft payments.  
Initial here: \_\_\_\_\_

- **Household (Previously Family)** - All people living at the same residence including dependents. Proof for all adults must be provided. (Driver's license or mail with name and address) A single payee must be assigned to the account.
- **2 Person Household: (Previously Couple)** - Two people living at the same residence. Proof must be provided. (Driver's license or mail with name and address) A single payee must be assigned to the account
- **Individual** : One person
- **Young Adult**: One person age 18-29
- **Youth**: One person birth to age 17

**LIST ADDITIONAL HOUSEHOLD MEMBERS:**

First	MI	Last (if different)	Gender	Birth Date	Card Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____