



NAME	FIRST NAME (<i>Primary Member</i>)	MI	LAST NAME

ADDRESS	STREET	CITY	STATE	ZIP CODE

EMAIL ADDRESS		PERSONAL	BIRTH DATE	GENDER

TELEPHONE NOS.	()	MAIN NUMBER	()	OTHER (BUSINESS OR CELL)

EMERGENCY	EMERGENCY CONTACT NAME	EMERGENCY CONTACT'S PHONE NO.	RELATIONSHIP

FAMILY MEMBERS

NAME (LAST IF DIFFERENT)	BIRTH DATE	GENDER
2nd ADULT		
1. 2nd Adult Email Address		
CHILDREN UNDER 18		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

MEMBERSHIP INQUIRY

- HOW DID YOU HEAR ABOUT THE YMCA?**
 Friend / Relative Drive by / Walk by Member Referral Advertisement (where?)
 Employee Website Previously Belonged _____
- WHAT SINGLE AREA OF INTEREST MOST IMPACTED YOUR DECISION TO JOIN THE Y? (select only one)**
 Aquatics Fitness/Wellness Senior Programs Sports Weight Management
 Child Care & Education Group Exercise Social Opportunities Teen Activities Youth Programs
 Family Activities Personal Training Specific Health Concerns Volunteer Opportunities Other _____
- WHAT OTHER AREAS OF THE YMCA INTEREST YOU?**
 Aquatics Enrichment Programs Outdoor Education Specific Health Concern Weight Management
 Adult Sports Family Activities Personal training Sports Youth Programs
 Camp Programs Fitness/Wellness Senior Training Teen Activities Youth Sports
 Child Care & Education Group Exercise Social Opportunities Volunteer Opportunities Other _____
- Have you had a tour of the facility?** _____
- Would you like to schedule a Wellness Consultation?** Yes No *If yes, best time* Mornings Days Evenings Weekends

MEMBERSHIP AGREEMENT

I understand the YMCA is dedicated to the development of all people regardless of age, gender, race, religion, income or ability. I also understand that our programs, services and facilities are designed to enhance the spiritual, mental, physical and social quality of life for our families, our communities and ourselves. I hereby certify that to the best of my knowledge my family and I are in normal health and capable of safe participation at the MetroWest YMCA. My family and I hold the YMCA harmless for all injuries, property damage, theft and lost or stolen articles incidental to the use of the YMCA facility including, but not limited to, physical activities in which my family and I engage. I also understand that the YMCA reserves the right to revoke memberships.

MEMBER SIGNATURE _____ **TODAY'S DATE** _____

DESK USE ONLY

Membership Type _____ Member Service Staff Signature _____