

FT# _____

Membership Application

Wenatchee Valley YMCA

Primary Adult Member: *(if Youth membership, parent information)*

Legal First Name/Nombre MI/Segundo Nombre Last Name/APELLIDO Date of Birth/Fecha de nacimiento Gender/Genero

Mailing Address/Dirección City/Ciudad State/Estado Zip Code/Código Postal

Home Phone/Teléfono Cell Phone/Celular Email Address/Correo Electrónico

Employer / Insurance Provider Primary Language/Idioma Primario

The Y is a charitable, non-profit organization that receives funding for certain programs. By sharing your demographic information, you can help us qualify for certain grants and assist the Y in meeting reporting requirements.

Race/Ethnicity:
 Asian/Pacific Islander Black/African American Caucasian/White Latino Other: _____

Second Adult Member / Youth Member:

Legal First Name/Nombre MI/Segundo Nombre Last Name/APELLIDO Date of Birth/Fecha de nacimiento Gender/Genero

Home Phone/Teléfono Cell Phone/Celular Email Address/Correo Electrónico

Employer / Insurance Provider School/Grade / Escuela/Grado

Race/Ethnicity:
 Asian/Pacific Islander Black/African American Caucasian/White Latino Other: _____

Additional Adults / Youth on Membership

First Name/Nombre	MI	Last Name/APELLIDO	Gender	Birthdate	Ethnicity

The mission of the Wenatchee Valley Y is to strengthen youth, families, and communities by promoting Christian principles and putting them into practice through leadership and programs that build healthy spirit, mind and body for all.

In Case of Emergency notify/En caso de emergencia notifique a:

Name/Nombre	Phone Number/Teléfono	Relationship/Relación
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The Wenatchee Valley YMCA is committed to serving a broad cross-section of people in Chelan and Douglas counties, but retains the right to deny or revoke a membership, or decline to permit participation attendance or observation by any person, at its sole discretion.

- I agree to abide by the Wenatchee Valley YMCA policies and procedures.
- I acknowledge and understand that YMCA membership and program fees are not refundable and not transferable to another person and that written notification 30 days prior to the next payment date is required to cancel a Y membership.
- I certify that to the best of my knowledge, no individual listed on this application is a registered sex offender and/or represents a threat to the health and safety of YMCA members, guests or participants. I understand the Y will check member records for criminal history.
- I have been offered the Y's Privacy Policy

Signature of Applicant/Parent

Printed Name of Applicant/Parent

El Wenatchee Valley YMCA está comprometido a servir a una gran variedad de personas en el condado de Chelan y Douglas, pero reserva el derecho de negar o revocar una membresía, o rehusar el permiso de participación, asistencia, o observación a cualquier persona, como su única discreción.

- Yo estoy de acuerdo a respetar las pólizas y procedimientos del Wenatchee Valley YMCA.
- Yo reconozco y entiendo que los honorarios de programas y membresías no son reembolsables y no son transferibles a otras personas y que un aviso de treinta días del próximo día de paga es requerido para cancelar una membresía
- Yo certifico que, al mejor de mi conocimiento ninguna persona incluida en esta solicitud de membresía es un delincuente sexual registrado y/o representa una amenaza para la salud y seguridad de los miembros del YMCA, invitados o participantes. Yo entiendo que el Wenatchee Valley YMCA va a revisar los expedientes de miembros para ver su historia criminal.
- Yo he sido ofrecido la póliza de privacidad del Y

Firma de solicitante/padre

Nombre de solicitante /padre

How did you hear about us? Direct Mail Email Brochures Webpage Former Member Place of employment AD Billboard Friend/Family Medical Referral Other: _____

Referred by Member? Tell us who: _____

Office use only:

Type of Membership: _____ Follow Up Needed / Notes: _____
 _____ Date: _____ Staff Initials: _____