

# LYNN YMCA MEMBERSHIP APPLICATION

20 Neptune Blvd. • Lynn, MA 01902 • 781-581-3105 • www.lynnymca.org

LAST NAME MI FIRST NAME YOUR DATE OF BIRTH  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ADDRESS CITY STATE ZIP CODE  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

E-MAIL ADDRESS HOME PHONE #  
\_\_\_\_\_|\_\_\_\_\_

EMERGENCY CONTACT NAME EMERGENCY PHONE #  
\_\_\_\_\_|\_\_\_\_\_

PLACE OF EMPLOYMENT EMPLOYMENT PHONE #  
\_\_\_\_\_|\_\_\_\_\_

HOW DID YOU HEAR ABOUT THE YMCA? 1. Friend 2. Relative 3. Paper 4. Radio 5. Web Site 6. Other \_\_\_\_\_

## TYPE OF MEMBERSHIP:

FAMILY  ADULT  YOUNG ADULT  HIGH SCHOOL  YOUTH  
 SENIOR CITIZEN  SENIOR CITIZEN COUPLE  SINGLE PARENT FAMILY

## FAMILY INFORMATION (For multi-person memberships only)

LAST NAME	FIRST NAME	DATE OF BIRTH	SEX	EMPLOYER/SCHOOL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The member and his/her dependants assume all risks, injuries and property damage incidental to the use of the YMCA facility, including but not limited to physical activities in which they are engaged.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

## METHOD OF PAYMENT

FULL YEAR Amount paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_  
 BANKDRAFT  Checking account  Savings account  Credit Card: \_\_\_\_\_

*Bankdraft requires completion of bankdraft form with first month payment.*

First Upfront Payment \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_



