



Tiftarea YMCA Membership Registration

Personal Information

Last Name: _____ First Name: _____ MI: _____
 Address: _____ DOB: __/__/__ Sex: Male Female
 City: _____ State: _____ Zip: _____ Email: _____
 Home Phone: _____ Cell Phone: _____ Facebook: _____
 Employer: _____ Work Phone: _____ Twitter: _____

Spouse Information

Last Name: _____ First Name: _____ MI: _____ Facebook: _____
 Cell Phone: _____ DOB: __/__/__ Sex: Male Female Twitter: _____
 Employer: _____ Work Phone: _____ Email: _____

Child Information

Name: _____ DOB: __/__/__ Sex: Male Female
 Name: _____ DOB: __/__/__ Sex: Male Female
 Name: _____ DOB: __/__/__ Sex: Male Female
 Name: _____ DOB: __/__/__ Sex: Male Female

It is my understanding that my membership must remain active for one year. If I cancel my membership before this period of time, I will be charged the amount equal to a payment of one month.

Member Signature: _____ Date: _____

Office Use Only: Type of Membership: _____ Joining Date: __/__/__

Monthly Payment: _____ Semi-Annual Payment: _____ Annual Payment: _____

Corp. Account: Y / N Membership Cards Received: Y / N Staff Initials: _____

Right Start Apt Time: _____ Date: __/__/__ Has attendant been notified? Y / N

