



YMCA of Hannibal

New Membership

Today's Date ___/___/___

Name: _____ M ___ F ___ D.O.B. ___/___/___
First last

Address: _____
Street city state zip

Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Employer/School: _____ Position: _____

Emergency Contact: _____ - _____ - _____
Name phone

EMAIL ADDRESS: _____

Please list family members to be included on membership:

first name	last name	male/female	date of birth
Adult: _____	_____	M F	___/___/___
Adult: _____	_____	M F	___/___/___
Child: _____	_____	M F	___/___/___
Child: _____	_____	M F	___/___/___
Child: _____	_____	M F	___/___/___

NOTE: The following rates are for one year or ACH only!

Membership Type:

Youth (\$180 or \$15)

Student (\$198) Block (\$70)

Adult (\$486 or \$40.50)

Family (\$660 or \$55)

Single Parent Family (\$540 or \$45)

Senior Citizen Adult (\$396 or \$33)

Senior Citizen Couple (\$516 or \$43)

Locker Rental

Do you wish to rent a locker? Yes No If yes, check all that apply:

Men's Locker # _____ Women's Locker # _____

PLEASE READ AND SIGN!

By signing this form I agree to follow all YMCA Policies and Procedures (attached). My Founder's Fee is non-refundable. Use of the facility is only for the member(s) whose name(s) appear on this application and cannot be transferred to another person. I understand that I must present my membership card upon entering the facility.

X _____ Date: ___/___/___
Signature

OFFICE USE ONLY – PLEASE FILL OUT COMPLETELY

Membership Fee: _____ . _____ If ACH, use the monthly amount here – ACH form is required.

Less Discount: _____ . _____ Wellness Consultation Apt _____

Founder's Fee: _____ . _____ DISCOUNT DESCRIPTION

Locker Fee: _____ . _____ Pay in full (\$75) Pay monthly by ACH (\$6.25)

Total Fees: _____ . _____ Cash MC/V Check # _____

DATE PAID ___/___/___ STAFF INITIAL _____ MEMBERSHIP TERM _____ Trinexum _____