# LINCOLN AREA YMCA
# 2018 MEMBERSHIP APPLICATION

Date: _____

**Please print the primary member's information below**

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Name _____
First Middle Initial Last

Email Address _____
(Please include email to receive important program deadlines and/or cancelations due to weather or emergency.)

Address _____
Street City State Zip

Phone _____
Home/Cell Work Emergency

Date of Birth ____/____/____ Gender ☐ M ☐ F Employer _____

Parent (s) Name (if youth membership) _____ Parent's Date of Birth ____/____/____

## Additional Family / Household Members

**One or two adults living in the same household and any of their dependent children under the ages of 19 or in college up to age 25.**

Spouse / Adult Household Resident _____
First Middle Initial Last

Email Address _____

Phone _____ Date of Birth ____/____/____ Gender ☐ M ☐ F
Other than Primary Household

Employer _____

| Dependents Living at Home | M | F | Date of Birth | School |
|---|---|---|---|---|
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## Please select your membership type

| | | | |
|---|---|---|---|
| ☐ | Program Membership | ($37 per year) | Programs at reduced member prices |
| ☐ | Open Gym pass | ($60 for 4 months) | January 2 – May 27, 2018 |

* **Program membership in the Lincoln Area YMCA runs from January 1st to December 31st of each year. Each family will be assigned a program membership number and will be placed on the YMCA's mailing list to receive seasonal program catalogs and additional information about our programs throughout the year. Lincoln Area YMCA memberships are not transferable to any other YMCA.**

** **Open Gym pass to the Y Activity Center is good from January 2 – April 27, 2018. Open Gym hours are Monday – Thursday, 5 – 8pm, Saturday, 1 – 5pm, and Sunday, 1 – 5pm.**

**Y Program membership is required for participation in all LINCOLN AREA YMCA programs.**

**I am interested in volunteering at the Y. Please call me at:** _____

**How did you hear about the Lincoln Area YMCA?** _____

**For Office Use:**
Staff Initials: _____ Date: _____ Check/Cash #: _____ Total Paid: _____