



CENTRAL QUEENS YM & YWHA

Another Quality Community Center of the Samuel Field Y

MEMBERSHIP APPLICATION

MEMBERSHIP FEES

___ Family	\$799
___ Couple	\$629
___ Single Parent	\$539
___ Individual Adult	\$499
___ Teen	\$229
___ Young Adult	\$349
___ Community Senior Couple	\$450
___ Community Senior	\$250
___ Community Youth	\$200

Print all information clearly in INK. Please fill out all appropriate sections.

How did you hear about us?

___ Friend ___ Neighbor ___ Ad ___ Program Guide ___ Other

So that we may be able to reach you if there's an emergency or last minute schedule change at CQY, please provide us with your email (you may also receive information on events and special promotions):

_____ @ _____

Memberships are non-refundable and non-transferable. Please initial _____

New Members* \$50 Registration Fee

*Includes members who do not renew within 30 days.

Family Name _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Home Phone # _____ Alternate Phone # _____

In case of emergency, please notify (Local Name and Phone #) _____

Relationship _____ Home Phone # _____ Alternate Phone # _____

MALE (circle one) Mr. Dr. Clergy

Full Name _____

Date of Birth (Month, Date, Year) ___/___/___

Occupation _____

Business Phone # _____

FEMALE (circle one) Ms. Mrs. Dr. Clergy

Full Name _____

Date of Birth (Month, Date, Year) ___/___/___

Occupation _____

Business Phone # _____

DEPENDANT CHILDREN (Up to 24th birthday and living in the same household)

First Name	Last Name (if different from family name)	M or F	Date of Birth
_____	_____	___	___/___/___
_____	_____	___	___/___/___
_____	_____	___	___/___/___

Please charge my registration to my credit card (circle one)

VISA MASTERCARD DISCOVER

Name on card _____

Card # (please print clearly) _____

Security Code _____ Expiration Date _____

FOR OFFICE USE ONLY

Membership Starts ___/___/___	___ New ___ Reinstated
I.D. Number _____	Membership Category _____
Payment Plan/ Scholarship _____	Fee \$ _____

I, the undersigned, agree to abide by the rules and regulations of the Central Queens YM & YWHA and affirm that all the information given above is accurate. I understand that certain programs at the Y may involve strenuous physical activity, that an applicant is responsible for being physically fit for such participation, and the Y is not responsible for injury or other adverse health consequences arising from such participation. I give unconditional permission to the CQY to photograph me and/or my children, and to use the photographs to publicize Y activities in newsletters, brochures, program guides, advertisements and for similar not-for-profit purposes. **Membership in the Y depends upon acceptance and observance of the Rules and Regulations of this institution and may be suspended or terminated at the discretion of the Y administration.**

Signature of Applicant _____ Date _____

Parent/Guardian's Signature (if applicant is under 18) _____ Date _____

DEPENDANT CHILDREN CONTINUED (Up to 24th birthday and living in the same household)

First Name	Last Name (if different from family name)	M or F	Date of Birth
			/ /
			/ /
			/ /
			/ /
			/ /