



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 Camper	\$150
___ Teen	\$229
___ Young Adult	\$349
___ Community Senior Couple	\$425
___ Community Senior	\$225
___ 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

To receive information on events and special promotions please provide us with your email:

_____ @ _____

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
			/ /
			/ /
			/ /
			/ /
			/ /