



CORPORATE PARTNER MEMBERSHIP APPLICATION

Preferred YMCA _____ YMCA ID _____ Join Date ____/____/____

One One Plus Young One Two Two Plus Senior One Senior Two Three Plus Four Plus

<input type="checkbox"/> Primary Mailer	Last Name	First Name	Middle Name	Preferred Name	Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Home Address			Apt. #	City	State	Zip Code
Phone: Home	Work	Cell	Employer	Preferred Email		

Privacy Notice: We will not disclose your email information to third parties or anyone outside the YMCA of Middle Tennessee. By providing your email address, you agree to receive emails regarding your membership, as well as news about YMCA programs, services and events. From time to time we may share certain membership information with your employer to assist them in tracking employee participation.

Emergency Contact Information

Name	Relationship	Phone: Home	Work	Cell
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Additional Adult Information

<input type="checkbox"/> Primary Mailer	Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone	Preferred Email	Employer
<input type="checkbox"/> Primary Mailer	Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone	Preferred Email	Employer
<input type="checkbox"/> Primary Mailer	Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone	Preferred Email	Employer

Dependent Information

Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone
Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone
Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone
Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone

Would you like to make a difference in the life of a member of your community? Ask for information on the YMCA's Annual Giving Campaign.	Did a current member refer you to the YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Home Center _____
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· In consideration of gaining membership and/or being allowed to participate in the activities and programs of the YMCA of Middle Tennessee ("YMCA") and to use its facilities (whether owned or leased), equipment and machinery, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, volunteers, representatives, directors and all others from any and all responsibility or liability for injuries or damages resulting from my participation in such activities or programs or my use of such facilities, equipment or machinery, even if such damage or injury results from a negligent act or omission.

· I understand that I should consult my physician before starting any fitness/physical program.

· I agree to adhere to all policies set by the YMCA as communicated to me, as posted at the YMCA facility, or as written in the YMCA Membership Handbook. In the event that I or any of my family members fail to adhere to policies set by the YMCA, I understand that my membership may be subject to suspension or even termination.

· I understand that if I wish to make any changes to my membership, I must complete and sign a YMCA Change or Cancellation form, giving 30-days notice.

· I understand that the YMCA will annually review its pricing structure, which may result in an increase of my monthly or annual membership fees. I understand that I will receive notice at least four weeks prior to any such change.

· If I am participating in the Income-based Rate Scale ("IBRS"), I understand that I must provide verification of my income (most recent tax return). I also understand that as an IBRS member, I must reapply, providing updated income verification, every year. Failure to reapply may result in my membership rate reverting to the full amount.

· By submitting this application, I agree that the YMCA may photograph or videotape me, and the YMCA may use those photographs or video footage for its marketing purposes. I release the YMCA from any claim or liability related to that use, and waive all claims for myself, my heirs and assignees against the individual staff persons and the YMCA of Middle Tennessee.

Signature (Parent/Guardian Signature if member is under 18)	Date ____/____/____
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UNITY (Office Use Only)	Company Name:	Company Representative:	Entered by (Staff Initials):	Date ____/____/____	Varified by (Staff Initials):	Date ____/____/____
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Our Mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping people grow in spirit, mind and body.