



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Application for YMCA Membership
Rome-Floyd County YMCA

Join Date: _____ **Payroll Deduct:** Y/N **Employee ID#:** _____
Type of Membership: ____ Corporate
(Choose type of membership) ____ Adult ____ Married Couple ____ Family ____ Single Parent
Employment Status: ____ Full-time ____ Part-time ____ PRN (not eligible for payroll deduct)

First Name _____ MI _____ Last _____

☐ M ☐ F Birth Date _____

Spouse First Name _____ MI _____ Last _____

☐ M ☐ F Birth Date _____

Address _____ City _____ State _____

_____ Zip Code _____ - _____

Phone _____ E-mail Address _____

Occupation _____ Dept _____

Spouse Occupation _____ Employer _____

Emergency Contact #1 _____ Relationship _____ Phone _____

Emergency Contact #2 _____ Relationship _____ Phone _____

Family Membership Information (List Last Name if Different)

#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
03						
04						
05						
06						
07						
08						

To help us serve you better, please fill out the following information. This information is kept confidential.

How did you hear about the Y? ☐ Newspaper ☐ TV ☐ Radio ☐ YMCA Brochure ☐ Member

☐ Other: _____

What are looking to do most at the Y?
