



MEMBERSHIP FORM

Section 1

Check If Current Member

Update My Record

First Name:

Last Name:

Phone Number in case of Update Questions:

If there are no changes please skip to Section 3. If there are changes, ONLY enter the updates in Section 2. And check "Update My Record" box.

Section 2

First Name:

Last Name:

Address:

School:

City:

Zip:

Grade:

Home Ph:

Sex:

Age:

Birthdate:

E-Mail:

Mother/Guardian:

Mess Ph:

Father/Guardian:

Mess Ph:

Sibling(s):

Date Joined/Renewed:

Membership Type:

Individual

Family

Section 3

First Name:

Last Name:

Birthdate:

Age:

School Attending:

Grade:

First Name:

Last Name:

Birthdate:

Age:

School Attending:

Grade:

First Name:

Last Name:

Birthdate:

Age:

School Attending:

Grade:

Section 4

Membership

(Membership fees are Non-Refundable)

Individual (An individual to one year YMCA Membership)

\$75.00

\$

Family (All members of same Family to one year YMCA Membership)

\$140.00

\$

Section 5

I hereby certify that the above named individual(s) is(are) in good health and capable of participation in the YMCA of Kern County programs, equipment and facilities. I hold the YMCA harmless for any damages or injuries sustained on any activities. In case of an accident, the YMCA of Kern County has my authorization to secure, at my expense, such medical attention as is deemed necessary for the individual(s) named on this form. I also understand that parent and child conduct must reflect YMCA Youth Program Philosophy, and I authorize the YMCA to use photographs, slides and/or videos of the person on this application as may be needed for its public relations program.

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY!	AMOUNT PAID:	Cash / Credit / Check	Check #:
VALIDATE MEMBERSHIP:	STAFF INITIALS:	RECEIPT #:	