



# MEMBERSHIP APPLICATION

Date \_\_\_\_\_

## PRIMARY MEMBER

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender (optional)  Male  Female  
 Transgender  Non-binary

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

YWCO Barcode or Silver Sneakers Number \_\_\_\_\_ AND Fitness ID (if Renew Active or Silver&Fit / Active&Fit) \_\_\_\_\_

LIST ALL FAMILY MEMBERS WITH ACCESS TO THE FACILITY ON THE BACK (AGES 5+)

## MEMBERSHIP TERMS

Membership Type \_\_\_\_\_ Commitment (3 or 12 Month) \_\_\_\_\_

Payment Plan (Monthly or Paid in Full) \_\_\_\_\_ Payment Amount \_\_\_\_\_

Beginning Date \_\_\_\_\_ Payment Method (No AMEX)  Credit  Debit  Free  
 Cash  Check Check # \_\_\_\_\_

ALL MONTHLY MEMBERSHIPS AUTO RENEW AND REQUIRE A CARD NUMBER (CREDIT OR DEBIT) ON FILE

### FOR STAFF USE ONLY

Staff Signature \_\_\_\_\_ Staff Reviewer Initials \_\_\_\_\_