

Unit #

Owen County Family YMCA Application for Membership

1111 W. State Hwy. 46 • Spencer, IN 47460
(812) 828-9622

Exp.	Exp.	Exp.	Exp.	Exp.
------	------	------	------	------

Last Name			First Name				Member Type		
Street			City		State		Zip Code		
Email:					Home Phone		Cell		
No.	Names on Family Membership			Relationship	Birth Date	Age	M / F	Capital Development Fee	\$
	First Name	Middle Initial	Last Name						
1				Yourself				Membership	\$
2								Pro-Rate	\$
3								Less Credit	\$
4								TOTAL	\$
5								Application Date _____	
6								Payment Type _____	
7								YMCA STAFF	

In consideration of my participation in the activities of the Owen County Family YMCA, I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the Owen County Family YMCA. I hereby do declare myself to be physically sound, having medical approval to participate in activities of the Owen County Family YMCA.

✕ _____
(SIGNATURE OF APPLICANT)