

# membership application

YWCA Princeton • 59 Paul Robeson Place • Princeton, NJ 08540 • Tel (609) 497-2100 • Fax (609) 924-8644 • www.ywcaprinceton.org

applicant info

Member/Parent First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Addr \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Male / Female \_\_\_\_\_ Primary Email \_\_\_\_\_

Phone \_\_\_\_\_ circle one home work cell \_\_\_\_\_ circle one home work cell

Employer/School \_\_\_\_\_ Email (work/school) \_\_\_\_\_

Occupation \_\_\_\_\_

+ Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ circle one home work cell

membership

**Annual Membership Type**    New Member    Renewing Membership

Youth (<18)..... \$35    Family ..... \$90

College Student .... \$40    Friend (Individual).... \$150

Adult..... \$50    Friend (Family) ..... \$200

Senior (62+)..... \$35    Single Term (3 mos).. \$25

*Office Only*

Member # \_\_\_\_\_

Key Tag ID \_\_\_\_\_

App Date \_\_\_\_\_

family memberships

**If this is a family membership, please complete the following:**

Spouse's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male / Female \_\_\_\_\_

Spouse's Email \_\_\_\_\_ Phone \_\_\_\_\_ circle one home work cell

Child's Name (first and last)	Gender (M/F)	Birthdate (mm/dd/yyyy)
1.		
2.		
3.		

Use additional form if more than three children.

payment

MasterCard    VISA    Discover    Check    Cash

Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 digit code on back \_\_\_\_\_

X Signature \_\_\_\_\_

Membership fee \_\_\_\_\_

**Total Amount** \_\_\_\_\_

Membership # \_\_\_\_\_

Today's Date \_\_\_\_\_



# membership application

This information is optional but important to the YWCA Princeton, our funders, and in making grant requests.

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Hispanic/Latino                | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Caucasian/White        | <input type="checkbox"/> Native Hawaiian/Pacific Island |                                      |
| <input type="checkbox"/> Southeast Asian        | <input type="checkbox"/> Arab/Middle Eastern            |                                      |

**How did you learn about the YWCA Princeton?** \_\_\_\_\_

## CONDITIONS OF MEMBERSHIP

All members are required to present a valid membership card for identification while at YWCA facilities and at special programs. Membership privileges and cards are not transferable, remain the property of the YWCA Princeton and must be returned upon request. YWCA membership is not refundable and nontransferable. The YWCA reserves the right to revoke the membership of or deny membership to anyone not in good standing.

## INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I am an adult over 18 years of age and wish to participate in YWCA activities. In addition, I give my children permission to participate in YWCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. I understand and acknowledge that I release the YWCA and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to my or my children's participation in YWCA activities, whether on or off the YWCA premises. I understand that this release includes any claims based on negligence, action or inaction of the YWCA, its staff, directors, members, volunteers, and guests. I hereby for myself, children, heirs, executors, and administrators waive release and forever discharge any and all right and claims for damages.

I understand I am responsible for monitoring my own condition and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms. By signing, I affirm I understand the nature of the programs and agree to assume all associated risks.

By signing, I agree I am voluntarily signing this authorization and release. I have read this form and grant permission for each child listed to participate in any and all activities provided by the YWCA Princeton and its affiliates.

**X** **Signature\***: \_\_\_\_\_ **Print Name\*** \_\_\_\_\_  
*\*If under 18 years of age, a parent or guardian signature is required*

By signing below, I also give permission for myself and my children, whether members or not, to be photographed for use by the YWCA Princeton in advertising, media, promotions and communications, including social and internet media, brochures, presentations, advertisements, and including but not limited to TV, publications, and newspapers.

**X** **Signature\*** \_\_\_\_\_

form 07.12.2011

# Welcome to the YWCA Princeton Family!

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