



METRO ATLANTA YMCA—MEMBERSHIP APPLICATION

J.M. TULL-GWINNETT FAMILY BRANCH

Household Information—Step 1

Head of Household, must be 18 years or older and primary billing contact

Head of Household: First _____ Middle _____ Last _____

Household Phone Type: **Home / Work / Mobile** Phone Number: _____ Member doesn't have a phone number:

Emergency Phone Type: **Home / Work / Mobile** Phone Number: _____ Emergency Contact Name: _____

Preferred Email Type: **Home / Work / Mobile** Preferred Email Address: _____

Member doesn't have an email address: Allow email to minors:

Household Information—Step 2

Prefix (Mr., Mrs., Dr.)	First	Middle	Last	Gender (M/F)	Birthdate (MM/DD/YYYY)	Ethnicity	Relationship	Membership Type
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Household Information—Step 3

Address Type: **Home / Work / Mobile**

P.O. Box: _____ **OR** Street Number: _____ **AND** Street Name: _____

Zip: _____ City: _____ State: _____ County: _____

Employer: _____

Member Signature: _____ Date: _____

It is our understanding that if we wish to terminate our membership in any way, we must give the YMCA a 30 day written notice.

—————▶ *Please see reverse side to sign member waiver* ◀—————

FOR OFFICE USE ONLY	Branch Code: _____	Head of Household ID: _____	Sale Date: _____
	Household ID: _____	Household Name: _____	Receipt # _____
	Start Date/Join Date: _____	Paid Thru Date: _____	Join/React.Fee: \$ _____
	Level: _____	Type: _____	Mem Fee: \$ _____
	Length: Annual Continuous		_____ : \$ _____
	Billing Freq: Once Pay / Twice Pay / Special	Auto Charge - VISA / MC / DIS / AmEx	Bank Draft - 1st / 15th
	Special: _____	Spirit ID: _____	Total Paid: \$ _____
Notes: _____		CC Auth/Ck#: _____	
		Stabilization Date _____	