

Kings Bay YM-YWHA
718-648-7703

3495 Nostrand Avenue
Brooklyn, NY 11229

www.kingsbayy.org

MEMBERSHIP APPLICATION

(Please Print Clearly)

- FAMILY SINGLE PARENT FAMILY ADULT COUPLE
 INDIVIDUAL ADULT SENIOR ADULT SENIOR ADULT COUPLE

NAME _____ BIRTH DATE ___/___/___
(Last) (First) (Middle)

E-MAIL ADDRESS _____
(List E-Mail Address if you wish to receive the Kings Bay Y E-Mail Newsletter)

HOW DID YOU HEAR ABOUT KINGS BAY Y?

ADDRESS _____ APT ___ PHONE _____

CITY _____ STATE ___ ZIP _____

OCCUPATION _____ BUSINESS PHONE _____

MARITAL STATUS _____ SPOUSE'S NAME _____

EMERGENCY PHONE # _____ EMERGENCY NAME _____

RELATIONSHIP TO MEMBER _____

SPOUSE'S BIRTHDATE ___/___/___ BUSINESS ADDRESS _____

OCCUPATION _____ BUSINESS PHONE _____

For Family Memberships Only

<u>NAMES OF CHILDREN</u>	<u>BIRTH DATES</u>	<u>SCHOOL</u>	<u>GRADE</u>
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____

MEMBERSHIP FEE IS NOT REFUNDABLE & MEMBERSHIP IS NOT TRANSFERABLE.
POOL & GYM SCHEDULE IS SUBJECT TO CHANGE, TO BEST ACCOMMODATE THE
NEEDS OF MEMBERS AND TO HELP SERVE THE COMMUNITY AT LARGE.
VERIFICATION OF SCHOOL GRADE, SINGLE PARENT FAMILY STATUS OR
MEDICARE MUST BE SUPPLIED.

I, the undersigned, (check one) do__ do not__ give permission to the Kings Bay Y to take
photographs of me to be shown on a video or to be used on a web site for the purpose of
promoting interest in the Kings Bay Y. I release the Kings Bay Y from any claims resulting from
the pictures taken on or before the date of this communication.

REQUIRED SIGNATURE _____ DATE ___ / ___ / ___

PLEASE DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

MEMBERSHIP CATEGORY: _____ FEE: _____

PAYMENT DATE: ___ / ___ / ___ AMOUNT: _____ EXP. DATE: ___ / ___ / ___

RECEIPT No. _____ RECEIVED BY: _____