



# Metropolitan YMCA's of Mississippi

## CORPORATE APPLICATION FOR MEMBERSHIP



First Name	Last Name	Member Before? Y or N
		Membership #
Address	City/State/Zip	Home Phone Business Phone
Emergency Contact Name	Emergency Contact Phone:	Cell Phone
Birthday	Male or Female	Marital Status: Married Single Divorced Separated Widowed
Employer	Email	DL or SS #

*Family Member Definition: Spouse and family members claimed on the same Federal Income Tax Return under the age of 23.  
Please list family members below who are to be included on your Family Membership:*

Name (first & last)	Gender	Birthday	Employer/School	Cell Phone	Relationship	Email
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					

**Membership Status may be changed only ONCE in a 12 month period.**

**Membership Type (Please check one)**

Corporate Family \_\_\_\_\_ Corporate Individual \_\_\_\_\_

**Home Branch (Please circle one)**

Downtown    Clinton    Reservoir    Flowood    Deville Plaza    Ridgeland

<b>Where did you hear about the Y?</b> <i>(please circle all that apply)</i>	Radio    TV    Friend    Mail    Newspaper    Internet
<b>Volunteer Opportunities you would be interested in:</b> <i>(circle all that apply)</i>	Board    Sports    Childcare    Aquatics    Special Events    Teen Programs
<b>Sponsorship Opportunities you would be interested in:</b> <i>(circle all that apply)</i>	Sports    Childcare    Aquatics    Special Events    Teen Programs

<b>Annual Income Level</b> <i>(please circle one):</i>	<b>Ethnicity</b> <i>(please circle one):</i>
Under \$10,000    \$10,000-\$20,000    \$20,000-\$30,000	Asian    Black    Hispanic
\$30,000-\$40,000    \$40,000-\$50,000    Over \$50,000	Native American    White    Other

*This information is strictly confidential and will help us to better serve the Jackson area communities. The YMCA is committed to serving people regardless of their age, sex, race, religion or income level.*

I understand that the YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my participation in YMCA activities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Serving our community by practicing Christian principles through programs that build Spirit, Mind & Body.*