



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

OFFICE USE ONLY

- Excel
- Activated

24 Hour Access Form

Unit ID# _____ Sign Up Date: _____ Staff: _____
FOR OFFICE USE ONLY

Membership Type (Choose below):

- Family Individual Single Parent Family
 Senior Adult Senior Family

Member Information

(all fields are required)

First Name: _____ MI: _____ Last: _____

Gender: M / F Birthday: (mm/dd/yyyy) ____/____/____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Key Fob #: _____ (first fob free of charge)

Family Member Add-On

<u>Spouse/Dependent Name(s)</u> <small>(must be 18 or over)</small>	<u>Male/Female</u>	<u>Birthdate</u>	<u>Relationship</u>	<u>Key Fob #</u> <small>(\$10 per each additional fob)</small>

By signing below, I acknowledge that I have received a copy of the Hopkins County Family YMCA's 24 Hour Access Policies and Guidelines and understand that if I decline to follow those policies that my membership **will be terminated**. I also understand the **YMCA's Zero Tolerance Policy** on allowing people into the building after regular business hours. Camera recordings will be reviewed on a daily basis and anyone caught bringing guests in after regular business hours **will have their YMCA membership terminated**. I understand that I will be charged \$2.00 per month on my monthly draft to have 24 Hour access.

Signature _____

Date _____