



# ABERDEEN YMCA Membership Form

Name in Full: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church (if any) \_\_\_\_\_

School / College / Work \_\_\_\_\_

Reason for Joining \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Allergies / Regular Medication:

**To be completed by parent / guardian of under 18s:**

*I hereby consent to my son/daughter becoming a member of Aberdeen YMCA*

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

**To be completed by all applicants:**

*Having read the Aims & Purposes, I desire to apply for membership of Aberdeen YMCA and agree:*

1. To conduct my life in accordance with the Aims and Purposes of the YMCA.
2. To respect the authority of the Board of Directors, Staff Members and other Leaders.
3. To promote and encourage a good spirit of friendship in all the activities of the Aberdeen and Scottish YMCAs
4. To be careful in the use of buildings, facilities and equipment and to set an example by keeping the premises tidy and attractive.
5. To abstain from gambling and smoking in the YMCA premises.
6. To avoid attendance whilst under the influence of alcohol, drugs or any other substance.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Gift Aid Declaration**

If you pay tax, please consider signing this Gift Aid Declaration. This will allow us to reclaim tax on your membership subscription and all future donations you make to us – no more paperwork will be involved!

*I wish all donations I make to Aberdeen YMCA on or after the date of this declaration to be treated as Gift Aid donations.*

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Note: We can reclaim tax on your donations if you pay income tax or capital gains tax of an amount equal to the tax we reclaim (28p for every £1 you give). You may cancel your declaration at any time by notifying us of this.

*I would like more information about leaving a legacy to Aberdeen YMCA.*

For office use only

Date Paid:	Amount:	Membership Type:
		Membership No:

**Please send to:**

Membership Secretary, Aberdeen YMCA  
52 Skene Terrace, ABERDEEN, AB10 1RP

**Contact us:**

Tel / Fax: 01224 643291

Email: [info@aberdeenymca.org.uk](mailto:info@aberdeenymca.org.uk)

Web: [www.aberdeenymca.org.uk](http://www.aberdeenymca.org.uk)