

# YMCA Membership Application Form

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

Address (incl postcode): \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile Telephone No: \_\_\_\_\_

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

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

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

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

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

Emergency Contact Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile Telephone No: \_\_\_\_\_

Data Protection: By completing this membership application form, you consent to us holding your details electronically in compliance with the Data Protection Act and providing you information about YMCA that we think may be of interest to you. If you do not want to receive such information, you may write to us at any time or put a tick or cross in this box.

**Allergies / Regular Medication** (please give details if any):

Please tick here if YMCA personnel may be required to administer medication.

**To be completed by parent / guardian of under 16s:**

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

*I agree to my child's photograph being taken during YMCA activities, understanding that their name will be protected.*

*In the unlikely event of illness or accident, I give permission for appropriate first aid to be given. In an emergency, if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary.*

**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:
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**Send to:** Membership Secretary, Aberdeen YMCA, 52 Skene Terrace, Aberdeen, AB10 1RP

Tel: 01224 643291 Fax: 01224 643292 email: info@aberdeenymca.org.uk web: www.aberdeenymca.org.uk

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