

Dubuque Community Y Membership Application

*Notice: Membership Payments are non-refundable. Bank draft is a 12-month commitment.
The Dubuque Y is not responsible for any lost or stolen personal items.*

Membership Type:_____ Member Code#_____

Name:_____ Birth date:_____

Mailing Address:_____

City_____ State_____ Zip_____

Home Phone:_____ Work Phone:_____

Employer/School:_____ Spouse/Parent/s:_____

Emergency Contact Person_____ Phone:_____

Family Names: *For family membership only*

First Name	Last Name	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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For Office Use Only

Expiration Date_____ New_____ Renew_____

Amount Paid \$_____ **Payment Type:** () Cash () Check () Credit Card

Credit Card #_____ Visa – MC Exp. Date_____

() Bank Draft Monthly Amount \$_____ Bank Draft Start Date_____

Date_____ Receipt #_____ Clerk_____

Comments: