



2026 Albany State University Corporate Membership

First Name: _____ Last Name: _____

____ New YMCA Membership ____ Renew YMCA Membership ____ Cancel YMCA Membership
____ Make Changes to YMCA Membership ____ Current Member Switching to Corporate Discount

Select Membership Category	(24 checks)	Monthly
____ Young Adult (18-35)	\$15.75	\$31.50
____ Adult (35 and up)	\$19.50	\$39.00
____ Family*	\$27.00	\$54.00

Upgraded Membership Options (added on to the basic membership fee per paycheck)

- ____ Women's Health Center** +\$6.00 or +\$12.00 per month
____ Men's Health Center** +\$8.50 or +\$17.00 per month
____ Family* Health Center** +\$11.00 or +\$22 per month
____ Lee 24/7 Family (\$5 per month)
____ Lee 24/7 Single (\$3 per month)

Total amount per month: \$

** Family is defined as married spouses and dependent children up to age 18, or age 24 if child is a full-time student. Proof of guardianship or full-time student status may be required. Please ask for details about our youth policy with regard to facility access to youth under the age of 12.*

*** Health Center membership allows use of the Men's and/or Women's Health Centers at the Central Facility, rather than the regular Men's or Women's locker rooms. Health Center Family membership allows use of the Health Centers to 2 members of your family (age 18 & over). Men's Health Center has a Steam Room & Sauna, Women's Health Center has a Sauna. Laundry service is provided in the Men's Health Center. Each Health Center has: permanent assigned lockers, whirlpool, towel service*

I agree and understand that the above fees will be paid to the Albany Area YMCA through December 31, 2026, at which time I can cancel or make changes to my membership, or my membership fee will automatically renew. This is a commitment through December 31, 2026, and subsequent renewals. I understand that I cannot cancel this membership unless my employment is terminated.

Employee Signature _____ Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALBANY AREA YMCA | Membership Information Form

CONTACT
INFORMATION

Required Information

Name _____ Gender _____ Date of Birth _____

Drivers License # _____ Street _____ Apt # _____

City _____ State _____ Zip Code _____

Preferred Phone _____ Email Address _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

Optional YUSA Requested Information (used to help with annual reporting and grant writing)

Annual Household Income _____ Race _____ Ethnicity _____

Marital Status _____ Employer _____ Veteran _____

FAMILY
INFORMATION

Only complete this box if you are joining with a family style membership.

Name (Last, if Different)	Birth Date	Relationship	Gender	Race
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1.

2.

3.

4.

5.

6.

CONSENT AND
AGREEMENT

Please initial to indicate that you have read and agree to the following statements:

_____ I understand that no refunds are given on YMCA membership dues and prices are subject to change.

_____ I understand that new member promotional pricing is only valid for first year and rate will automatically increase to the full value unless I notify the YMCA at that time of other eligible discounts.

_____ I understand that it is my responsibility to check my monthly bank statement and report any corrections immediately to the YMCA. Charges may show as Young Men's Christian Association on bank statement.

_____ I understand that I must scan in upon each entry to the facility, and that no one else may use my membership to gain entry to the facility.