



# MEMBERSHIP APPLICATION

YMCA Representative: \_\_\_\_\_

## 1. Membership Type

- 2 Adult w/Youth   
  Adult Couple   
  Adult Single   
  1 Adult w/ Youth   
  Over 60 Single  
 Over 60 Couple   
 Over 80   
 Youth   
 Temporary   
 College   
 Corporate Y/N

## 2. Member Information

Adult First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Male  Female    Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_    Employer \_\_\_\_\_

Second Adult First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Male  Female    Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_    Employer \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#	Dependent/Children's Names	M/F	Date of Birth	Relationship	School	Grade
03						
04						
05						
06						
07						

## 3. What activities would you like to participate in at the YMCA? \_\_\_\_\_

The YMCA is a volunteer-driven organization. We utilize volunteers in programs like YMCA Youth Sports, special events like YMCA Healthy Kids Day, and facility projects like Annual Clean-ups. We can certainly use your help.

## 4. Would you like a staff member to contact you regarding volunteer opportunities at this time? Yes No

What areas would you be interested volunteering in? \_\_\_\_\_

## 5. Would you like to donate to our Annual Support Campaign? Yes No

One time donation- amount to be added to your first month's membership draft: \$ \_\_\_\_\_

Monthly donation-amount to be added to each month's membership draft: \$ \_\_\_\_\_

Other-Please speak with YMCA staff for other donation opportunities

## 6. Payment Information

Draft Date:  1st  15<sup>th</sup>

### Account Information

#### Credit/Debit Card

Card Type:  Visa  MasterCard  Discover  American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date: \_\_\_\_/\_\_\_\_

#### Checking/Savings Account (Please attach a voided check for account verification.)

Bank Routing Number: \_\_\_\_\_    Account Number: \_\_\_\_\_

## 7. Monthly Draft Information: Signing below authorizes draft from the account requested. 30 day cancellation notice is required. If your account does not have sufficient funds available when the YMCA membership charge attempts to clear and is returned unpaid, an additional returned payment fee (minimum of \$35) will be withdrawn from your bank account/credit card.

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA.

## 8. Signature \_\_\_\_\_ Date \_\_\_\_\_