



Y Membership Application

For Youth Development For Healthy Living For Social Responsibility

Type of Membership: (please circle) Youth/YA (EFT) S F2 F3+ 6mos. Annual Corporate (please specify) _____

Primary Member

FirstName _____ MI _____ LastName _____ DOB _____

Address _____ City _____ State _____ Zip _____

Telephone #s: Home _____ Work _____ Cell _____

Email _____ Cell Phone Provider _____

ADDITIONAL MEMBERS

Name _____ MI _____ Last _____ DOB _____

Name _____ MI _____ Last _____ DOB _____

Name _____ MI _____ Last _____ DOB _____

Name _____ MI _____ Last _____ DOB _____

The Family YMCA espouses the Core Values of Caring, Honesty, Respect and Responsibility, and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, attire, smoking, use of alcohol or drugs, the removal of YMCA property, or criminal conduct of any type. Such inappropriate behavior or conduct is unacceptable and the YMCA therefore retains the right to deny memberships to its applicants and to revoke the membership of any current member or participant at its sole discretion.

In keeping with our mandate of building strong kids and families and to maintain safe and comfortable facilities, convicted or registered sex offenders are excluded from membership and program participation at The Family YMCA, and offenders shall not enter onto YMCA property or loiter in the vicinity of YMCA programs and activities.

Your membership in The Family YMCA entitles you to full Y privileges continuously until you notify the YMCA in writing that you wish to cancel your membership effective the 1st of the next month. Membership dues are payable monthly, by electronic funds transfer (EFT) or for 6 or 12 months over the counter. Your YMCA member ID card must be shown to gain entry and remains the property of The Family YMCA, to be returned when the membership ends. Membership cards are **not** transferable.

Your membership in The Family YMCA supports our mission of building strong kids, strong families, strong communities in spirit, mind and body. The YMCA is a volunteer-driven organization. We utilize volunteers for programs such as youth basketball, special events such as 4th of July Firecracker 5K Run, & facility projects such as renovating the facility. We can certainly use your help.

Would you like a staff member to contact you regarding volunteer opportunities at this time?

____yes _____no

The Family YMCA is a non-profit organization. Would you like to make a tax-deductible donation to help fulfill our mission?

Monthly donation _____ (initial here, please)

____\$2 ____\$5 ____\$10 ____\$15 ____other

Annual donation _____ (initial here, please)

____\$25 ____\$50 ____\$100 ____\$150 ____\$200 ____other

Would you like to make a one-time donation? \$ _____ Amount

Signature _____

ELECTRONIC FUNDS TRANSFER/CREDIT CARD CHARGE

I hereby authorize The Family YMCA to initiate an EFT (withdrawal) of funds for the deduction(s) noted from the bank listed below. **I understand that to stop payment I must notify The Family YMCA in writing to stop the transfer of the next month's dues.** The Family YMCA stops withdrawal from my bank only after receiving my written notice. **I agree to notify the YMCA of any changes to the EFT account number listed below. I understand if my EFT is rejected for any reason, my account will be assessed a fee*.**

_____ (initials)

OR

I hereby authorize The Family YMCA to charge my credit card for the deduction(s) listed below. I understand membership dues are charged to my credit card on a monthly basis. **I understand to stop payment I must notify the YMCA in writing to stop the transfer of the 6 or 12 months' dues.** The Family YMCA stops payments only after receiving my written notice. **I agree to notify the YMCA of any changes to the card listed below. I understand if my credit card is rejected for any reason, I will be assessed a \$25 fee*.**

_____ (initials)

**All returned payments are subject to a \$5 processing fee. Payments rejected for insufficient funds or a closed account may also be assessed a \$25 NSF fee.*

Name of Account Holder (please print) _____

Please specify bank/credit union _____

Routing number _____

My account number at the above institution is: _____

This account is: ___checking ___savings

OR

VISA ___ MasterCard ___ Discover ___ Card # _____ Exp. date _____

Type of deduction:

Membership/type _____

Donations _____

Locker rental _____

Other _____

Signature _____

- | | | | |
|-------------------|--|--|--|
| Areas of Interest | <input type="checkbox"/> Aerobics - Group Ex | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Cycling / Y RIDE |
| | <input type="checkbox"/> Climbing | <input type="checkbox"/> GYMNASIUM | <input type="checkbox"/> Sports |
| | <input type="checkbox"/> Board Member | <input type="checkbox"/> Parent - Child Programs | <input type="checkbox"/> Strength Training |
| | <input type="checkbox"/> Child Care | <input type="checkbox"/> I CARE | <input type="checkbox"/> Summer Camp |
| | <input type="checkbox"/> Coaching | <input type="checkbox"/> Senior Programs | <input type="checkbox"/> Teen Activities |
| | <input type="checkbox"/> Family Recreation | <input type="checkbox"/> Social Activities | <input type="checkbox"/> Volunteerism |