



MEMBERSHIP APPLICATION

MEMBERSHIP NUMBER

STAFF INITIAL

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NAME

TITLE (MR. MRS. MS. DR.)	FIRST NAME	MI	LAST NAME	BIRTH DATE	SEX
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RESIDENCE

STREET	CITY	STATE	ZIP CODE
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TELEPHONE NUMBERS / EMAIL ADDRESS

HOME PHONE	SECONDARY PHONE	WORK/CELL PHONE
EMAIL ADDRESS		

EMPLOYER

COMPANY NAME	
STREET	CITY, STATE, ZIP CODE

EMERGENCY CONTACT

FIRST & LAST NAME	PHONE NUMBER
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BACKGROUND

The YMCA strives to provide membership and program services to all who desire to participate. The following questions help us know the people we are serving. Answering these questions is voluntary, but appreciated.

HOUSEHOLD INCOME <input type="checkbox"/> Under \$15,000 <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$35,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$149,999	ETHNIC/RACIAL BACKGROUND <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islands <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other: _____
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STAFF USE ONLY

\$ _____	JOINING FEE
\$ _____	PRORATE
\$ _____	MEMBERSHIP
\$ _____	LOCKER
\$ _____	SCM DONATION
\$ _____	TODAY'S TOTAL
MEMBERSHIP TYPE:	
<input type="checkbox"/> YOUTH	
<input type="checkbox"/> YOUNG ADULT	
<input type="checkbox"/> ADULT	
<input type="checkbox"/> HOUSEHOLD	
<input type="checkbox"/> OTHER: _____	
PAYMENT OPTION:	
<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY
JOINING FEE:	
<input type="checkbox"/> PAID IN FULL	<input type="checkbox"/> MONTHLY SPLIT
DRAFT DATE:	
<input type="checkbox"/> 5TH	<input type="checkbox"/> 20TH
<input type="checkbox"/> PHOTO TAKEN	
<input type="checkbox"/> SUPPORTING DOCUMENTATION IF APPLICABLE	
<input type="checkbox"/> BIRTHDATES AND AGE CHECKED	
STAFF INITIAL: _____	
NOTES:	
24/7 ACCESS:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

ADDITIONAL MEMBERS

FIRST NAME (LAST NAME, IF DIFFERENT)	BIRTH DATE	GENDER	EMAIL ADDRESS
SPOUSE/SECOND ADULT	/ /		
1.	/ /		
YOUTH/DEPENDENTS	/ /		GRADE LEVEL SCHOOL
2.	/ /		
3.	/ /		
4.	/ /		
5.	/ /		
6.	/ /		



MEMBERSHIP AGREEMENT

MEMBERSHIP NUMBER

STAFF INITIAL

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CHANGES TO ACCOUNT (MEMBER AUTHORIZED TO MAKE CHANGES TO ACCOUNT)

FIRST NAME MI LAST NAME

REGISTERED SEX OFFENDER POLICY

In the interest to maintain an environment that is safe for members, employees, and visitors, the Dow Bay Area Family YMCA reserves the right to prohibit access to its facilities and / or grounds to Registered Sex offenders. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

INITIAL: _____

PURPOSE & GOALS

As a member/program participant of the Dow Bay Area Family YMCA, I agree to cooperate in the accomplishment of the YMCA's accepted purpose – to put Christian principles into practice that build healthy spirit, mind, and body for all. I recognize that YMCA programs and memberships embrace all types of members and involve identification worldwide.

INITIAL: _____

LIABILITY

I understand that the Dow Bay Area Family YMCA assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the Dow Bay Area Family YMCA & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the Dow Bay Area Family YMCA, it's agents, servants, and employees from any and all claims for injury, death, loss, or damage that my child or I may suffer. I understand the Dow Bay Area Family YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

INITIAL: _____

PHOTO / TALENT RELEASE

I give permission to the Dow Bay Area Family YMCA and affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include my image or voice for purposes of promoting or interpreting YMCA programs.

INITIAL: _____

MEMBERSHIP TYPE

Please check membership type below:

 YOUTH YOUNG ADULT ADULT HOUSEHOLD*

***A household is defined by one or two adults and their dependents living in the same household. Dependents 18 years and older must be claimed as a dependent on your current-year tax deduction or full-time college student (12 credit hours for undergraduate or 9 credit hours for graduate). Proof is required. Children ages 10 and older may use the facility without adult supervision. Children under the age of 10 must be supervised by a legal adult, member or guest.**

PAYMENT OPTIONS & TERMS

My Dow Bay Area Family YMCA membership will be regarded as continuous until the time that I decide to terminate. I agree that if for any reason I wish to change the status of my membership after one year from date of agreement, my membership must be in good standing and **I must give the YMCA written notice 14 days in advance of my monthly payment date.**

I am responsible for payment of draft for one year from date of agreement. I understand that the Dow Bay Area Family YMCA reserves the right to adjust membership rates as necessary, which I agree to pay upon at least 14 days advance written notice. I also understand that the YMCA will take necessary steps to collect my membership fees if necessary, including potentially sending my account to collection.

 CREDIT/DEBIT CARDCARD TYPE: DISCOVER MASTERCARD VISA

CARD NUMBER: _____

EXP. DATE: _____

NAME ON CARD: _____

 CHECKING SAVINGS

BANK: _____

NAME ON ACCOUNT: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

 PREPAID ANNUAL MEMBERSHIP >>> RENEWAL DATE: _____ MONTHLY PAYMENT (Bank changes may take up to 14 days) >>>>>PLEASE SELECT YOUR DRAFT DATE: 5TH 20TH

I hereby authorize the Dow Bay Area Family YMCA to debit my account indicated above. I understand that the debit will be initiated on the due date shown below. This authority is to remain in effect for one year from the date of this agreement. The Dow Bay Area Family YMCA will continue debiting my account on a month-by-month basis. **If I wish to discontinue my membership after one year, then the Dow Bay Area Family YMCA must receive 14 days written notification before my next draft date. Should my bank, for any reason, not honor any debit, I am responsible for the payment, plus a service charge of \$25 applied by the YMCA.** This is in addition to any fees or penalties I may incur by my bank or financial institution. I understand that this is my responsibility to notify the YMCA in writing should I change financial institutions, get a new credit card, and/or make changes to my account at any time.

SIGNATURE: _____

DATE: _____ STAFF INITIAL: _____

Volunteers are what make our Financial Assistance Program possible. Would you be interested in volunteering for:
 SPECIAL EVENTS YOUTH SPORTS KIDZONE OPERATIONS ANY