

SENIOR ADVANTAGE MEMBERSHIP Application



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The Dow Bay Area Family YMCA is truly here for ALL. We are proud to offer our Senior Members (individuals aged 65+) a valuable YMCA membership option. Senior Members are eligible to receive a monthly discount and a \$0 Joining Fee, if qualified. There are many benefits to joining our YMCA as a Senior, including:

Full access to all group exercise classes, including senior specific

- ACTIVE OLDER ADULTS
- ENHANCE FITNESS
- TAIJI

Fellowship Hour after class

Full access to all aquatic exercise classes, including senior-specific

- AI CHI
- ADAPTIVE AQUATIC EXERCISE
- SENIOR SPLASH
- WATERWORKS

Quarterly Senior Luncheons (requires small additional fee)

Seniors Only Parking Spots

Free towel usage

Sauna and Steam Room use

Fitness Assessment

APPLICANT INFORMATION

Name

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email

✓ **Check category for which you are applying:**

<input type="checkbox"/>	SENIOR
<input type="checkbox"/>	SENIOR 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 cr. hours for undergraduate or 9 cr. hours for graduate). Proof is required.

ADDITIONAL MEMBERS

Total living in household: _____

Second Adult/Spouse	DOB	GENDER	EMAIL	
Dependent	DOB	GENDER	GRADE	SCHOOL
Dependent	DOB	GENDER		
Dependent	DOB	GENDER		
Other dependent(s)	DOB	GENDER		

EMERGENCY CONTACT

First & Last Name

Phone Number

SENIOR ADVANTAGE MEMBERSHIP Application

DISCOUNT QUALIFICATION

Please provide the following documents to qualify for the membership rate discount (no originals, please. Copies can be made at the front desk, if necessary):

- Social Security Retirement Pension Other proof of income

Total Annual Household Income: _____

Staff Initials: _____

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that senior advantage membership discounts are based on need. I understand that if I falsify any of the above information, I will not be eligible for any discounts now and/or in the future.

CHANGES TO ACCOUNT

Member authorized to make any changes to this account:

First Name _____ MI _____ Last Name _____

STAFF USE ONLY

APPROVED?	YES	NO
YMCA	%	YOU %
\$ _____	PRORATE	
\$ _____	MEMBERSHIP	
\$ _____	LOCKER	
\$ _____	TODAY'S TOTAL	
PAYMENT OPTION:		
<input type="checkbox"/> ANNUAL		<input type="checkbox"/> MONTHLY
DRAFT DATE:		
<input type="checkbox"/> 5TH		<input type="checkbox"/> 20TH
<input type="checkbox"/> PHOTO TAKEN		
24/7 ACCESS:		
<input type="checkbox"/> YES		<input type="checkbox"/> NO
STAFF INITIAL: _____		
DATE: _____		

REGISTERED SEX OFFENDER POLICY

In the interest of 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 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: _____

VOLUNTEERING

Volunteers make our Financial Assistance Program possible. Would you be interested in volunteering for:

- Special Events Youth Sports KidZone Operations Any

SENIOR ADVANTAGE MEMBERSHIP Application

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 CARD

CARD 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 circle 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: _____