

SENIOR ADVANTAGE MEMBERSHIP APPLICATION



The Dow Bay Area Family YMCA is truly here for ALL. We are proud to offer our Senior Members (65+ years old) a valuable YMCA membership option. Senior Members are eligible to receive a monthly discount and a \$0 Joining Fee if qualified.

APPLICANT INFORMATION

Please provide a valid address. You will receive a letter in the mail when it is time to update your financial information.

Name:

Mailing Address:

City:

State:

Zip Code:

Phone:

Email:

Parent or legal guardian's name (If an applicant is under 18):

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
- Mastering Mobility
- Tai Chi for Health

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

- Adapted Aquatics Exercise
- Senior Splash
- Waterworks
- Senior Luncheons (requires a small additional fee)
- Senior only parking spots
- Sauna and steam room use
- Fitness Assessment
- Free holds so you have flexibility

ADDITIONAL MEMBERS

Please List Each Family Member Applying For Assistance:	Total Living in Household:
<input type="checkbox"/> Adult	DOB:
<input type="checkbox"/> Adult	DOB:
<input type="checkbox"/> Dependent	DOB:
<input type="checkbox"/> Dependent	DOB:
<input type="checkbox"/> Dependent	DOB:
<input type="checkbox"/> Dependent	DOB:
<input type="checkbox"/> Other Dependent(s)	DOB:
<input type="checkbox"/> Other Dependent(s)	DOB:

FOR OFFICE USE

APPROVED	YES	NO
YMCA	%	YOU %
JOIN TODAY FOR:	\$	
STAFF NAME:		
DATE:		
Approved applications are held for 30 days.		

EMERGENCY CONTACT

First & Last Name:

Phone Number:

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 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 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, its agents, servants, and employees from any and all claims for injury, death, loss, or damage that my child or I may suffer. I understand 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 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 media that may include my image or voice with purposes of promoting or intercepting YMCA programs.

VOLUNTEERING

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

INITIAL: _____

- ☐ Special events ☐ Youth Sports ☐ KidZone ☐ Operations ☐ Any

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 the 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 due.**

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: _____

NAME ON CARD: _____

EXP. DATE: _____

☐ 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 the debit will be initiated on the due date shown below. The 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, no honor any debit, I am responsible for the payment, plus a service charge of \$25 applied by the YMCA.** This 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: _____