



# FAYETTE COUNTY FAMILY YMCA

## MEMBERSHIP APPLICATION

Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

<b>1ST ADULT</b>		Date	Title	First Name	MI	Last Name																															
H O M E	Mailing Address					<b>For Staff Use</b> <b>CHECK WHEN COMPLETED</b> <input type="checkbox"/> Monthly Payment Method Entered (if applicable) <input type="checkbox"/> E-mail entered into DAXKO <input type="checkbox"/> Invitation to Virtuagym Sent <input type="checkbox"/> New Member Packet Given to Member <input type="checkbox"/> SMART Start Goals Sheet Completed and t-shirt given. <input type="checkbox"/> SMART Start Appointment Offered/Scheduled <input type="checkbox"/> SMART Start Paperwork Given (if applicable) <input type="checkbox"/> Photo(s) Taken <input type="checkbox"/> Background check(s) completed																															
	City	State	Zip																																		
	Phone	E-Mail – Receive latest info/updates up to 2 times per month.																																			
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Prefer to receive mail at <input type="checkbox"/> Home <input type="checkbox"/> Work																																			
Emergency Contact Name and Phone																																					
E M P L O Y E R	Company Name																																				
	Street Address																																				
	City	State	Zip																																		
	Job Title	Phone	E-Mail																																		
<b>2 N D A D U L T</b>	First Name	MI	Last Name (if different)																																		
	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Company Name																																		
	Company Address			Company Phone																																	
	Job Title	E-Mail																																			
<b>Ethnicity</b> <table border="1"> <thead> <tr> <th></th> <th>1<sup>st</sup> Adult</th> <th>2<sup>nd</sup> Adult</th> <th>Dependents</th> </tr> </thead> <tbody> <tr><td>African American</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Asian</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Caribbean</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Caucasian</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Hispanic</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Native American</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>							1 <sup>st</sup> Adult	2 <sup>nd</sup> Adult	Dependents	African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																		

**How did you hear about the YMCA?**

<input type="checkbox"/> Radio	<input type="checkbox"/> Mail/Postcard	<input type="checkbox"/> Billboard	<input type="checkbox"/> YMCA Member	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> E-Mail
<input type="checkbox"/> Workplace	<input type="checkbox"/> Shoppers Guide	<input type="checkbox"/> Record Herald	<input type="checkbox"/> Former Member	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> YMCA Website

<b>D E P E N D E N T S</b>	First Name	MI	Last Name	Birth Date	Gender	School
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	First Name	MI	Last Name	Birth Date	Gender	School
	First Name	MI	Last Name	Birth Date	Gender	School
	First Name	MI	Last Name	Birth Date	Gender	School
	First Name	MI	Last Name	Birth Date	Gender	School

Membership Number	Membership Type	Payment Method <input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Annual	Initial Payment <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	Monthly Dues Date of Draft/CC Payment (circle one) 1 <sup>st</sup> 15 <sup>th</sup>
Effective Date		Amount Collected		Monthly Amount \$ _____
YMCA Staff Member				

Shaded area for optional information

### External Privacy Notice

This privacy notice will advise you about our guidelines concerning the use of your personal information, including the reasonable efforts we make to protect your personal information in accordance with these guidelines, and about what choices you have concerning our use of such information. The entire notice is available at <http://faycoymca.org/about-us/>. A hard copy is available at the front desk.

**Sex Offender Registry**

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.

**Nationwide Membership Waiver**

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men’s Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

**Waiver**

I am an adult over 18 years of age and wish to participate in YMCA (the “YMCA”) membership/program activities, and if checked here  wish my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement “children” shall include legal wards and “parent” shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and / or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs. I give my permission to the YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children’s image or voice for the purposes of promotion or interpreting YMCA programs.

**Membership Agreement**

If my membership dues are paid through Credit Card draft or Electronic Funds Transfer, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me. Membership cards are the property of the YMCA and must be surrendered upon demand.

It is my complete understanding that if I wish to terminate or change my membership in any way, **I must notify the YMCA by the 20<sup>th</sup> of the month in writing or the membership will draft the following month if utilizing EFT or Credit Card Bank Draft Payment Plan.**

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues).

The Joiners Fee is a one-time fee as long as you remain an active member of the YMCA. If you choose to cancel or discontinue your membership for more than 30 days, a Joiners Fee will be charged when you reapply for membership.

I acknowledge the sex offender registry, waivers and membership agreement set forth above, and being in agreement with the Mission Statement of the YMCA, hereby apply for membership.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION**

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date which may result in a **\$30.00 service charge from E-Cash Flow in addition to any processing fee my bank may charge.**

It is my complete understanding that if I wish to terminate or change my membership in any way, **I must notify the YMCA by the 20<sup>th</sup> of the month in writing or the membership will draft the following month from the account on record if utilizing EFT or Credit Card Bank Draft Payment Plan.**

**I choose to utilize the EFT option for monthly payment (direct debit) from my**  Checking  Savings account)

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_ **Draft Date (Pick One)** 1<sup>st</sup> 15<sup>th</sup>  
Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I choose to utilize the Credit Card Payment option for monthly payment (automatic direct charge to credit card)**

**Credit Card Type**  Visa  MC Card Holder Name \_\_\_\_\_ **Draft Date (Pick One)** 1<sup>st</sup> 15<sup>th</sup>  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_