



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE NORTHWOODS MEMBERSHIP APPLICATION

Purpose and Goals – As a member of the YMCA of the Northwoods, I agree to cooperate and adhere to the Y mission.

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

Adult(Primary) Information (Please Print) *Required information in this segment is in bold and shaded*

| | | | |
|---|-------------------------|--|---|
| Last Name, First Name, MI | | Home Telephone # | Work Telephone # |
| Address (Street & P.O. Box) | | (City, State, ZIP) | E-Mail Address |
| Place of Employment | Male Female | | Birth date: Month/Day/Year / / |
| Emergency Contact (Name) | Relationship | | Telephone # |
| The following information is confidential and is for statistical purposes only. | | Annual Household Income: Under \$10,000 \$10-\$19,999 \$20-\$29,999 \$30-\$39,999 \$40-\$49,999 \$50,000-\$74,999 \$75,000-\$100,000 Over \$100,000 | Ethnicity: (OPTIONAL) African American Asian Caucasian Hispanic Native American Other |

Family Information-If applying for a family or youth membership please complete the information below:

| Name (Last, First, MI) | Date of Birth (xx/xx/xxxx) | Age | Relationship | Student (Circle One) | M/F |
|------------------------|----------------------------|-----|--------------|----------------------|-----|
| | | | | Y/N | |
| | | | | Y/N | |
| | | | | Y/N | |
| | | | | Y/N | |
| | | | | Y/N | |
| | | | | Y/N | |

Responsibilities and Releases

- Initial** _____ **Code of Conduct-** The Y is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, inappropriate attire, smoking, use of alcohol or drugs, the removal of Y property and criminal conduct of any type.
- Initial** _____ **Privacy-** I understand that I will not take any type of photo, video, or electronic data of members, class participants at any time. Conduct detrimental to the association and/or in disregard of Y member policies and practices may result in suspension and/or termination of privileges and possibly litigation.
- Initial** _____ **Liability** – I understand that the Y assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities or programs, without respect to location. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family's participation in these activities. I hereby release and discharge the Y, its agents, and employees from any and all claims for injury, illnesses, death, loss, or damage, which I, or any member of my family may suffer as a result of my or my family's participation in these activities.
- Initial** _____ **Photo Talent Release** – I give permission to the Y to use, without limitation or obligation, photographs, video, or tape recordings which may include my or my family's image(s) or voice(s) for purposes of promotion or interpreting Y programs.
- Initial** _____ **Sex Offender Registry-** The Y conducts regular sex offender screening on all members, participants, and guests. If a sex offender match occurs, the Y reserves the right to cancel membership, end program participation, and remove visitation access.
- Initial** _____ **Nationwide Membership-** By participating in the Y Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United State of America, and it independents 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 Y facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

SIGNATURE _____ **DATE** _____

SIGNATURE (Parent if minor) _____ **DATE** _____

Annual Support Campaign

When you give to the Y, the Y is able to give everyone the opportunity to be healthy and thrive, to connect with others and contribute to a better community. Our Annual Support Campaign is a Y initiative that provides financial assistance for programs and memberships to children and families in need... at the Y, no one is turned away due to the inability to pay. Funds raised through our Annual Support Campaign remain in our community and are made available to local youth, families, and adults. Your support makes it possible to be...a better us.

For a better you. For a better community. For a better country. The Y. For a better us.™

Please add \$ _____ to my monthly bank draft. Please add \$ _____ to my total membership payment.

Signature _____

Date _____

AUTHORIZATION TO HONOR ACH DEBITS OR DRAFTS OR CREDIT CARDS BY THE YMCA of the NORTHWOODS for MEMBERSHIP PAYMENTS

1. I, the undersigned, authorize the financial institution, designated hereon to pay the YMCA of the Northwoods and charge to the credit card or account(s) identified on the attached deposit slip(s) or voided check(s) on a monthly basis. I understand that my credit card or account(s) identified will be debited on the 1st or 15th of the month (depending on when sign-up occurs) to pay my membership for the following month. **I understand my Y membership via bank or credit card draft or is a monthly commitment and will automatically be withdrawn every month unless I notify the Y in writing 30 days prior to my draft date.**

Signature: _____ Date: _____

2. In the event that I cancel my membership, I understand that I must turn in all membership cards, that I will receive temporary cards for the balance of the time I have paid or will be paying, and that one more monthly payment will be withdrawn from my account before my membership is considered terminated. **Initial** _____
3. In the event my bank/credit card company does not honor my membership draft, I understand that I am still responsible for that payment to the Y and for any service fee imposed by my bank. If more than two bank draft/credit card transactions are returned on my account, I realize that my bank draft privileges will be revoked and I am responsible for the remaining balance due on my membership payable by cash only. **A \$25.00 service fee will be charged on any returned bank draft or credit card transaction. No program sign up will be allowed until payments are received.** **Initial** _____
4. TERMS-Upon expiration of the initial term, this agreement shall automatically renew at the then current rates for successive one-month terms until such time as either party shall deliver thirty (30) days written notice of termination prior to the expiration date of the then current term. **Initial** _____
5. I understand that all payments are non-refundable. **Initial** _____

Membership Type: ☐ Youth ☐ Adult ☐ College ☐ Family ☐ Short-term ☐ Corporate ☐ Scholarship ☐ Silver Sneakers

Transactions: Join Date ____/____/____

☐ Joiner's Fee \$ _____

Payment Options:

☐ Annual Full Pay \$ _____

☐ Annual Support Campaign \$ _____

☐ Continuous Bank Draft \$ _____

☐ Transitional \$ _____

☐ Corporate Name _____

☐ Scholarship Amount \$ _____

☐ Payroll Deduct

☐ Silver Sneakers \$ _____

Staff Initials: _____

I agree to the above membership dues. **Signature** _____

Date: _____

Attach voided check here

Staff Initials/Date:

Entered into system: ____/____/____ Noted unit if necessary: ____/____/____ S.O.Check: ____/____/____ Verified by: ____/____/____