

Membership Application

(office use only) Member Id# _____

Have you ever been a member or a participant at the Mid-Willamette Family YMCA? •Yes•No

Member Type and Monthly Dues Amount (with EFT):

\$46 Adult \$33 Senior \$27 College \$65 Family

\$58 Adult Couple \$46 Senior Couple \$21 Youth

\$49 Single Parent Family

Information about yourself (the primary member)

First _____ Middle _____ Last _____

Birth Date ___ / ___ / ___ Home Phone (___) _____

E-Mail _____

Home Address _____

City _____ State _____ Zip _____

Employer _____

Work Phone (___) _____ Ext. _____

Emergency Contact _____ Phone (___) _____

Additional Family Members:

Spouse:

First _____ Middle _____ Last _____

(per IRS guidelines)

• Male • Female Birth date ___ / ___ / ___

Children:

First _____ Middle _____ Last _____

(per IRS guidelines)

Male Female Birth date ____ / ____ / ____
First _____ Middle _____ Last _____

Male Female Birth date ____ / ____ / ____
First _____ Middle _____ Last _____

Male Female Birth date ____ / ____ / ____

What are your goals in joining the YMCA?

Weight loss Rehabilitation Tone Cardio. Development
Strength Training Other _____

What are you most interested in?

Aerobic fitness class Swim Lesson Senior Programs
Water Exercise Youth Programs Weight Room
Cardio Room Basketball
Racquetball Preschool
Other _____

Do you want a WELLNESS COACH? Yes No
When would be a good time to have a wellness coach contact
you? Day _____ Time _____

How did you hear about the
YMCA? _____ Referred by: _____

Is the person who referred you a Member? _____
Member # _____

Would you like to make a tax-deductible contribution to our scholarship fund to
help low-income youth, senior, and families participate in YMCA
activities? ____ Yes, draft or invoice an additional \$ _____ each month for
scholarship fund.

Do you need a locker rental?

Men's locker center - \$10.00 per month

Men's or woman's small locker rental \$4.00 per month

•Men's or woman's large locker rental \$6.00 per month

How do you want to pay your monthly dues?

•Bank draft (see below)

•Invoice – Add \$5 transaction fee for monthly invoicing

Bank Draft

Authorization

Account type:

Checking

Savings

5th

20th

Financial Institution

Name on Account

Please attach a voided check to application!

I authorize my financial institution to honor pre-authorized drafts drawn by the YMCA on my account for membership payments. It is understood that your sending of a preauthorized draft to the financial institution as a payment becomes due shall constitute valid notice of such payment due on this membership. When my financial institution honors the draft by charging my account, such drafts constitute my receipt for payment. Should any pre-authorized draft not be honored by said financial institution when received by them, it is understood that

the payment is to be made by me in the amount said payment. If account holder is under age of 18 a parent or legal guardian must sign.

The YMCA will notify me, in advance, of any increase in my monthly membership draft amount. A voided check is required with all bank draft application. If any entry is erroneously initiated by the YMCA or member, to the member's account, the member shall have the right to have the amount of such entry refunded by check within thirty (30) calendar days following notification of error.

A \$10 service charge will be applied for NON SUFFICIENT FUNDS or a CLOSED ACCOUNT. NSF ACCOUNTS WILL AUTOMATICALLY BE CHANGED TO MONTHLY INVOICING AND A \$5 INVOICING FEE ADDED.

Bank drafts are **transmitted** to the automated clearinghouse on the **1st working day of each month**. Your bank account will be **drafted** on the **5th or the 20th of every month** from <C>hecking or <S>avings for membership monthly transfer:
\$ _

Initial: _____ **Date:** _____

Liability Release:

In consideration of being permitted to utilize the facilities and services and to participate in the programs of the Mid-Willamette Family YMCA, I, for myself and for each of my family members listed on this application, as well as for all heirs, successors in interest and personal representative, acknowledge, agree and represent as follows: That each of us has carefully inspected and evaluated each piece of equipment, facility, service or program that we may use and have found the same to be safe and reasonable suited for the purpose of our use and participation. That each of us hereby accepts full and exclusive responsibility for any and all injuries and damages that we may suffer as the direct or indirect result or consequence of our use of any of the facilities, equipment and services of the YMCA or our participation in the programs of the YMCA; and hereby releases, waives, discharges, covenants not to sue or agrees to fully indemnify and save and hold harmless the YMCA, its directors, officers, employees and agents for injury or damage to us arising out of or in any way directly or in directly relating to such use or participation, including, but not limited to, our observation of any YMCA program or service;

That neither I nor any person listed has ever been convicted of a sexual offense or registered as a sex offender in any jurisdiction; That I understand that the Mid-Willamette Family YMCA does not carry accident or health insurance and that I am participating in program activities at my own risk. That I have completely read, understood and voluntarily executed this document on the date set forth by my signature on the membership application. **Initials** _____

Cancellation Policy:

By signing, I understand that all membership cancellations are effective the last day of the month. Written notice must be received no later than the 25th. No refunds will be given. Lack of use is not an exceptional situation for reimbursement of dues, including EFTs. **Initials** _____

I authorize the initiation of this membership account.

Signature: _____ **Date:** _____

(Parent/Guardian Signature Required if Member is under age 18)

**For Office Use
Only:**

Join date: _____

Staff Initials _____

Payment today
covers: \$ _____ for _____

\$ _____ for _____

Next process/billing date _____

Discount Groups

Scholarship _____% _____ ends

Volunteer/Staff Other: _____

Don't forget to sign up for a new member orientation!

Check with the front desk for the date and time that works best for you