



# Mid-Willamette Family YMCA Membership Application

Date \_\_\_\_\_

Member ID # \_\_\_\_\_

### Joining Fee for Single Units: \$50

- \$64 Adult (25-59)
- \$60 Senior (60+)
- \$49 Young Adult/FT College (18-24)
- \$39 Youth (6-17)

### Joining Fee for Multiple units: \$100

- \$96 Adult Couple
- \$75 Senior Couple
- \$81 Single Parent Family
- \$106 Family
- \$127 Family Plus (Add'l adult \$22/mo.)

### Childcare/Tween Scene additions:

- \$21 add on for 1 child
- \$27 add on for 2 children
- \$34 add on for 3 or more children

**First** \_\_\_\_\_ **Last** \_\_\_\_\_

Male  Female

**Birth Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Phone** ( \_\_\_\_ ) \_\_\_\_\_

#### Race:

- African American
- Asian/Pacific Islander
- Alaskan
- Caucasian
- Hispanic
- Native American
- Other

**Email Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** ( \_\_\_\_ ) \_\_\_\_\_

**Employer** \_\_\_\_\_

### Additional Family Members: **PICTURE ID REQUIRED FOR ALL ADULTS 18 AND UP**

**Spouse:** First \_\_\_\_\_ Last \_\_\_\_\_ Phone( \_\_\_\_ ) \_\_\_\_\_  
(per IRS guidelines)

Male  Female

**Birth date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Race:** \_\_\_\_\_

**Children:** First \_\_\_\_\_ Last \_\_\_\_\_ Phone( \_\_\_\_ ) \_\_\_\_\_

Male  Female

**Birth date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Race:** \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Phone( \_\_\_\_ ) \_\_\_\_\_

Male  Female

**Birth date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Race:** \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Phone( \_\_\_\_ ) \_\_\_\_\_

Male  Female

**Birth date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Race:** \_\_\_\_\_

**Add'l Family:** First \_\_\_\_\_ Last \_\_\_\_\_ Phone( \_\_\_\_ ) \_\_\_\_\_  
(Family Plus)

Male  Female

**Birth date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Race:** \_\_\_\_\_

All above listed members may have his/her picture taken and used for marketing & publicity. **Initials** \_\_\_\_\_

Would you like a free Weight Room/Cardio Room Orientation?  Yes  Not at this time

Were you referred to the YMCA?  Yes  No

Is the person who referred you a member? If so, please give us their name so that they can qualify for our Member Ambassador Program. \_\_\_\_\_

**Do you want to pay in advance?**

Monthly (See below)       Quarterly (3 months due at time of registration)       Annual (Get 12<sup>th</sup> month free)

I understand if I am paying for membership in advance, it will not be refunded if I choose to cancel my membership. **Initials:** \_\_\_\_\_

**Please attach a voided check to application!**

**How do you want to pay your monthly dues?**

Bank draft (see below)  
 Invoice (monthly fee of \$5)

**Bank Draft Authorization**

Checking       Savings

5<sup>th</sup>      or       20<sup>th</sup>

Financial Institution \_\_\_\_\_

Name on Account \_\_\_\_\_

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 pre-authorized 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 \$33.00 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 **1<sup>st</sup> working day of each month**. Your bank account will be **drafted** on the **5<sup>th</sup> or the 20<sup>th</sup> of every month** from checking or savings for membership monthly transfer: \$ \_\_\_\_\_ **Initials:** \_\_\_\_\_ **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. 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** \_\_\_\_\_

**Membership Eligibility and Standards Policy:**

"Who shall be eligible to hold a YMCA membership? Any person who supports the purpose may become a member of this organization in accordance with such provisions as may be established by the board of directors and shall so continue to be a member unless the Board or its authorized agent concludes, in its sole discretion, that a member has failed to live up to the standards and commitments of being a member of this YMCA. The YMCA reserves the right to review sex offender registry lists and do criminal background checks on members to ensure a safe environment for all." The YMCA has a zero tolerance policy when pertaining to certain past criminal convictions, or when a member demonstrates hurtful behavior towards other members or staff. The YMCA reserves the right to regularly review sex offender lists and do background checks on its members. **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 last day of the month prior.** Any cancellations after the last day of the month will be effective the last day of the following month and you will be subject to the monthly fees. No refunds will be given, unless in the event that the YMCA has incorrectly billed your account, refunds given only if you present a signed cancellation receipt. Lack of use is not an exceptional situation for reimbursement of dues, including EFTs. **Initials** \_\_\_\_\_

**90 Day Term:**

**All memberships have a minimum term of three (3) months from the date of the start date of the membership.** By mutual agreement membership thereafter will be renewed on a month to month basis with no action required by either the YMCA member or YMCA management. If a member wishes to cancel their membership at the conclusion of the 90 day term, they will be required to follow the cancellation policy written above. **Initials** \_\_\_\_\_

I authorize the initiation of this membership account.

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

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

**Age Policy:**

I have received a copy of the YMCA age policy and will follow the policies for each area if I have children utilizing the facility. **Initials** \_\_\_\_\_

**For Office Use Only:**

Join date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Payment today covers: \$ \_\_\_\_\_

for \_\_\_\_\_

\$ \_\_\_\_\_

for \_\_\_\_\_

Next process/billing date: \_\_\_\_\_

Discount Groups Scholarship \_\_\_\_\_% \_\_\_\_\_ ends

**New Member Check List:** \_\_\_\_\_

Audited by/date: \_\_\_\_\_