

# FAIR ACRES FAMILY YMCA MEMBERSHIP APPLICATION

## MEMBERSHIP TYPE - CIRCLE ONE

(0-18) Youth	(19-23) Young Adult	(24-55) Adult	Family	(55 and up) Senior	(Both 55 and up) Senior Couple
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Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

Additional Family Members to be included on membership: (Family is husband, wife & all dependents thru H.S. or full-time in college thru the age of 23)

_____	Relation _____	Birth Date _____	Gender _____
_____	Relation _____	Birth Date _____	Gender _____
_____	Relation _____	Birth Date _____	Gender _____
_____	Relation _____	Birth Date _____	Gender _____

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: (Please include name, address, phone) \_\_\_\_\_

How did you hear about the YMCA? \_\_\_\_\_

Are you interested in Volunteering at the YMCA? \_\_\_\_\_

### Optional Information for YMCA Records Only:

Ethnicity:	Asian	African American	Hispanic	Native American	White	Other
Income Level:	Under \$13,999		\$14,000 - \$24,999		\$25,000 - \$39,999	
	\$40,000 - \$54,999		\$55,000 - \$74,999		Over \$75,000	

By signing this form, I (we) agree to follow the rules and policies of the YMCA. I understand that the YMCA does not carry accident insurance and agree to use my personal insurance as needed. I agree not to hold the YMCA or its staff, Board of Directors, volunteers or sponsors responsible for injuries or accidents. I authorize the YMCA to obtain medical care in the event of an injury or accident if a family member is unavailable to give permission. I give my permission to the Fair Acres Family YMCA to use indefinitely, without limitation or obligation, photographs, film footage or tape recordings, which may include image or voice for purpose of promoting or interpreting YMCA programs. I understand that YMCA memberships are non-transferable, and in order to cancel my bank draft/credit card charge **I must give written notice to the YMCA 30 days prior to the day of the month I wish to cancel.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

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

Check one: \_\_\_\_\_ New Member      \_\_\_\_\_ Renewal      \_\_\_\_\_ Rejoin      \_\_\_\_\_ Temp  
 Billing Method (Check one): \_\_\_\_\_ Bank Draft      \_\_\_\_\_ Credit Card Draft      \_\_\_\_\_ Pay in Advance      \_\_\_\_\_ Payroll Deduction

Billing Cycle: \_\_\_\_\_

Membership Type : \_\_\_\_\_ Prorated Amt. Paid      Joiner's Fee: \_\_\_\_\_ Received By \_\_\_\_\_

**(Please read & initial information on reverse side)**

**PAYMENT AGREEMENT**

**Monthly Bank Draft (EFT) or Credit Card Payment Plan**

I agree to the following:

1. First month's dues must be paid at time of application and will be prorated to the 14<sup>th</sup> of the month
2. Bank draft (EFT) or Credit Card membership is a continuous, ongoing membership until the YMCA receives proper cancellation notice.
3. **Membership dues will be drafted on the 15<sup>th</sup> of each month. Therefore,**
4. **EFT or Credit Card memberships can be cancelled by giving a written notice to the YMCA 30 days prior to the day I wish to cancel my membership. Membership cards must be turned in at the time of membership cancellation.**
5. Member agrees to monitor personal bank account to make sure sufficient funds are available to meet monthly payment obligation, and, in event he/she terminates membership, will monitor account to make sure payments are stopped as per cancellation agreement.
6. YMCA reserves right to cancel my membership due to two (2) months of insufficient or a stop payment. If this should occur, the EFT or Credit Card membership plan may no longer be available to me.
7. YMCA reserves right to make any necessary rate adjustments at any given time. If this should occur, the YMCA will issue proper notification.
8. There will be a \$25 charge for each insufficient funds, closed accounts or late payments.
9. **There will be no refund of membership dues already paid.**

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Signature of Applicant or Guardian

Date

**Annual and Semi-Annual Payment Plan**

I agree to the following:

1. Dues will be paid in full annually or semi-annually.
2. Full payment annual dues must be paid at the time of application.
3. If the membership is cancelled or allowed to lapse more than 30 days, the joiner fee must be paid to reinstate my membership.
4. There will be a \$15 charge for late payment of dues.
5. I understand that my membership can be cancelled with a 30 days written notice and all membership cards returned to the Fair Acres Family YMCA.
6. **There will be no refund of membership dues already paid.**

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Signature of Applicant or Guardian

Date

**How did you hear about YMCA?**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Radio/TV     | <input type="checkbox"/> Was a member of another Y |
| <input type="checkbox"/> Dr. Referral | <input type="checkbox"/> Newspaper                 |
| <input type="checkbox"/> Other Member | <input type="checkbox"/> Other                     |

**What types of programs are you interested in?**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Aquatics     | <input type="checkbox"/> Aerobics                           |
| <input type="checkbox"/> Fitness      | <input type="checkbox"/> Racquetball                        |
| <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Adult Sports                       |
| <input type="checkbox"/> Sr. Programs | <input type="checkbox"/> School-age Child Care/ Summer Camp |
- I would like a FREE fitness orientation to help me get started in an exercise program.