



**BARBARA BAUER BRIGGS FAMILY YMCA**  
**MEMBERSHIP APPLICATION**

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

Discount, if applicable (Employer, Refer a Friend, etc.) \_\_\_\_\_

Membership Type (circle one):

Adult Female | Adult Male | Household | Single Parent Family | Teen | Young Adult | Senior | Senior Couple  
Blue Cross | SilverSneakers | Active & Fit/Silver & Fit | Renew Active/One Pass | Superior

(1) Adult First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver License \_\_\_\_\_ Gender (circle): Male | Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

(2) Adult First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver License \_\_\_\_\_ Gender (circle): Male | Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**ADDITIONAL FAMILY ON MEMBERSHIP (LIST LAST NAME IF DIFFERENT):**

(3) Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male | Female

Phone \_\_\_\_\_ Email Address (if 16+) \_\_\_\_\_

Age \_\_\_\_\_ Relationship \_\_\_\_\_ School \_\_\_\_\_

(4) Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male | Female

Phone \_\_\_\_\_ Email Address (if 16+) \_\_\_\_\_

Age \_\_\_\_\_ Relationship \_\_\_\_\_ School \_\_\_\_\_

(5) Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male | Female

Phone \_\_\_\_\_ Email Address (if 16+) \_\_\_\_\_

Age \_\_\_\_\_ Relationship \_\_\_\_\_ School \_\_\_\_\_

(6) Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male | Female

Phone \_\_\_\_\_ Email Address (if 16+) \_\_\_\_\_

Age \_\_\_\_\_ Relationship \_\_\_\_\_ School \_\_\_\_\_

## **MEMBERSHIP AGREEMENTS**

*By initially below, I understand, verify, and acknowledge the following:*

- Member\_\_\_\_ Staff\_\_\_\_ • I will notify the Y of any changes (name, address, phone number) to my contact information.
- Member\_\_\_\_ Staff\_\_\_\_ • Changes to billing information, including credit card expiration date, must be given in writing and received 30 days prior to the next month's draft to prevent any lapse in membership.
- Member\_\_\_\_ Staff\_\_\_\_ • The YMCA reserves the right to cancel my membership due to unpaid returned drafts or unpaid membership fees. Past due balance must be paid before rejoining or registering for programs.

### **MONTHLY PAYMENT:**

- Member\_\_\_\_ Staff\_\_\_\_ • My monthly payment will be \$\_\_\_\_\_ each month.
- Member\_\_\_\_ Staff\_\_\_\_ • I choose the following billing day (circle one): 1st of each month | 15th of each month
- Member\_\_\_\_ Staff\_\_\_\_ • My membership will continue and payments drafted each month until I cancel my membership.
- Member\_\_\_\_ Staff\_\_\_\_ • Joining Fee is non-refundable.
- Member\_\_\_\_ Staff\_\_\_\_ • Refunds are only permitted on a case by case basis.
- Member\_\_\_\_ Staff\_\_\_\_ • A 30 day notice will be provided by the YMCA if membership rates change.
- Member\_\_\_\_ Staff\_\_\_\_ • I give authority to the Barbara Bauer Briggs Family YMCA to draw on the account listed below for membership payments. Such transfers shall continue until termination request is completed.
- Member\_\_\_\_ Staff\_\_\_\_ • Should any member debt not be honored by the member's credit card company or bank for any reason (expired, lost/stolen, or fraud credit/debit card), the member is still responsible for that debt. A return fee will be applied to all returned payments.
- Member\_\_\_\_ Staff\_\_\_\_ • A 3% flex fee will be charged on any and all credit card transactions. This includes membership, program registrations, childcare, etc.

### **OPTION 1: EFT option (Bank Draft)**

Direct debit (circle one): Checking Account | Savings Account

Bank Name \_\_\_\_\_

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

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

### **OPTION 2: Credit/Debit Card**

Card type (circle one): Visa | Mastercard | Discover | American Express

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_

### **CANCELATION PROCESS:**

- Member\_\_\_\_ Staff\_\_\_\_ • A 30 day written cancelation request is required.
- Member\_\_\_\_ Staff\_\_\_\_ • Upon cancelation, membership benefits remain active until the last day of the cancelation month (the 30th or 31st of the month written notice was given).

## **MEMBERSHIP POLICY AND PROCEDURES**

*By initially below, I understand, verify, and acknowledge the following:*

- Member\_\_\_\_ Staff\_\_\_\_ • The YMCA has no liability or responsibility for any personal injury or loss or damage to personal property sustained while members are using the YMCA facility.
- Member\_\_\_\_ Staff\_\_\_\_ • Membership card/barcode must be presented to enter the facility.
- Member\_\_\_\_ Staff\_\_\_\_ • Members and/or guests must adhere to the YMCA code of conduct and any behavior contrary to its Mission and Core Values may result in loss of YMCA membership.
- Member\_\_\_\_ Staff\_\_\_\_ • All of the information given on this application is correct to the best of my knowledge. The YMCA has the right to verify information on the application.
- Member\_\_\_\_ Staff\_\_\_\_ • No one included on this application is a registered sex offender or violent crime offender. I am obligated to notify the YMCA immediately if one of the applicants becomes a registered sex offender, which will result in termination of membership.
- Member\_\_\_\_ Staff\_\_\_\_ • The YMCA may screen members and applicants against national and state database for registered sexual and violent crime offenders.
- Member\_\_\_\_ Staff\_\_\_\_ • The YMCA has the right to use, reproduce, and/or distribute photographs and/or video of myself, partner and/or children in their promotional materials.
- Member\_\_\_\_ Staff\_\_\_\_ • I acknowledge that I will read and review the full Policy and Procedures available online by scanning the QR code. I understand that it is my responsibility to comply with all policies.



### **FRIEND OF YOUTH:**

Ask about our Financial Assistance Program – Financial Assistance covers membership and all Y programs. Assistance expires every 6 months and re-application required. FA application must be completed and financial documentation provided for consideration.

We conduct an annual Friends of Youth Campaign in order to assist those who cannot afford YMCA membership or programs. Thank you for considering helping our neighbors in need.

**Your voluntary tax-deductible contribution of ANY AMOUNT helps us fulfill our mission in the community.**

Donation Options: (1) One time donation of \$ \_\_\_\_\_

(2) Automatic monthly withdrawal of \$ \_\_\_\_\_ towards the Friends of Youth Campaign

### **GETTING STARTED:**

How can we help you get started? Have you taken a tour? (circle one) Yes | No

Would you like a Wellness Floor Orientation or EGYM Consultation? (circle one) Yes | No

\_\_\_\_\_  
Signature (Member or Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed YMCA Staff Name

\_\_\_\_\_  
Date

## ADD/MOVE TO POLICY AND PROCEDURES ONLINE

If membership lapses for more than 30 days it will be considered a new membership and will be subject to the payment of the joining fee.

If a membership is canceled and any credits remain on the account by December 31st of the cancelation year they will be considered a contribution to our Annual Giving Campaign if not requested otherwise.

Is the mission and core values listed anywhere???