BARBARA BAUER BRIGGS FAMILY YMCA

MEMBERSHIP APPLICATION

Join Date: _____

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

Insurance Fitness ID or Code:_____

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 _____ **DL/ID/Passport #** _____**Gender** (circle): Male | Female

Address _____ **City** _____ **State** _____ **Zip Code** _____

Phone _____ **Email Address** _____

Occupation _____ **Employer** _____

(2) Adult First Name _____ **MI** _____ **Last Name** _____

Date of Birth _____ **DL/ID/Passport #** _____**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): A 3rd adult (aged 22+) is an additional $20/month

(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

Member referring to any individual who is the primary of the account, and **staff** referring to the YMCA front staff.

*Please **initial** below, that you 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 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.

Choose **ONE** draft payment option. Cash or check are an option for 3/6/12 months paid in advance

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 _____ CVV_____

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

Member referring to any individual who is the primary of the account, **Staff** referring to the YMCA front staff.
Please **initial** below, that you 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 may assist membership and most 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
How did you hear about us? _____
What interests brought you to the Y?_____

_____ _____
Signature (Member or Parent/Guardian) Date

_____ _____
Printed YMCA Front Staff Name Date