



Membership Application Part I

LAST NAME:

*TYPE OF MEMBERSHIP <input type="radio"/> Youth <input type="radio"/> Single Parent Family <input type="radio"/> Family <input type="radio"/> Senior Fit <input type="radio"/> Young Adult <input type="radio"/> Adult <input type="radio"/> Senior <input type="radio"/> Senior Family <input type="radio"/> Silver Sneakers	DISCOUNT GROUP:	MEMBERSHIP NUMBER:
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PRIMARY MEMBER NAME	*FIRST NAME	*MI	*LAST NAME	BARCODE #:
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PERSONAL INFORMATION	*GENDER	*BIRTHDATE	RACE			
	<input type="radio"/> Male <input type="radio"/> Female	/ /	<input type="radio"/> NATIVE AMERICAN	<input type="radio"/> AFRICAN AMERICAN/BLACK	<input type="radio"/> CAUCASIAN/WHITE	<input type="radio"/> UNSPECIFIED
			<input type="radio"/> ALASKAN NATIVE	<input type="radio"/> ASIAN/PACIFIC ISLANDER	<input type="radio"/> HISPANIC	<input type="radio"/> OTHER

PRIMARY MEMBER CONTACT	*HOME ADDRESS LINE 1
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HOME ADDRESS LINE 2

*CITY	*STATE	*ZIP CODE
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*PRIMARY PHONE	*CELL PHONE / OTHER	*EMAIL ADDRESS
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EMPLOYER

*EMERGENCY CONTACT (FIRST & LAST NAME)	*EMERGENCY PHONE
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*RELATION TO PRIMARY MEMBER	<input type="radio"/> SELF	<input type="radio"/> SON	<input type="radio"/> DAUGHTER	<input type="radio"/> PARENT	<input type="radio"/> SPOUSE	<input type="radio"/> DEPENDENT	<input type="radio"/> FRIEND	<input type="radio"/> OTHER
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HOW DID YOU HEAR ABOUT THE YMCA?	<input type="radio"/> RADIO	<input type="radio"/> TELEVISION	<input type="radio"/> BILLBOARD	<input type="radio"/> DRIVE BY-LIVE IN AREA	<input type="radio"/> YMCA	<input type="radio"/> DIRECT MAIL	<input type="radio"/> EMAIL	<input type="radio"/> YELLOW PAGES	<input type="radio"/> NEWSPAPER
	<input type="radio"/> MAGAZINE	<input type="radio"/> PLACE OF EMPLOYMENT	<input type="radio"/> MEMBER	<input type="radio"/> FORMER MEMBER	<input type="radio"/> FRIEND/FAMILY	<input type="radio"/> MEDICAL REFERRAL	<input type="radio"/> BROCHURE	<input type="radio"/> OTHER	

SECOND ADULT	*FIRST NAME	MI	*LAST NAME	BARCODE #:
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PERSONAL INFORMATION	*GENDER	*BIRTHDATE	RACE			
	<input type="radio"/> Male <input type="radio"/> Female	/ /	<input type="radio"/> NATIVE AMERICAN	<input type="radio"/> AFRICAN AMERICAN/BLACK	<input type="radio"/> CAUCASIAN/WHITE	<input type="radio"/> UNSPECIFIED
			<input type="radio"/> ALASKAN NATIVE	<input type="radio"/> ASIAN/PACIFIC ISLANDER	<input type="radio"/> HISPANIC	<input type="radio"/> OTHER

CHILDREN	*FIRST	*MI	*LAST	*GENDER	*BIRTHDATE	BARCODE #:
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I'D LIKE MORE INFORMATION ABOUT:	<input type="radio"/> ADULT LEAGUES	<input type="radio"/> GROUP EXERCISE	<input type="radio"/> PARENT-CHILD PROGRAMS	<input type="radio"/> VOLUNTEERING	<input type="radio"/> OTHER
	<input type="radio"/> COACHING	<input type="radio"/> GYMNASTICS/ACRO/CHEER	<input type="radio"/> SOCIAL ACTIVITIES	<input type="radio"/> WEIGHT LOSS	
	<input type="radio"/> EATING HEALTHY	<input type="radio"/> PRE-SCHOOL	<input type="radio"/> SPORTS	<input type="radio"/> WELLNESS	
	<input type="radio"/> FELLOWSHIP	<input type="radio"/> SENIOR PROGRAMS	<input type="radio"/> SUMMER CAMP	<input type="radio"/> YOUTH ACTIVITIES	

OFFICE USE ONLY

NEW MEMBER CHECKLIST	<input type="radio"/> TOUR OFFERED	<input type="radio"/> MEMBER GIVEN RECEIPT (Receipt # _____)	<input type="radio"/> MEMBER PACKET EXPLAINED	<input type="radio"/> POSTCARD SENT
	<input type="radio"/> PART II MEMBERSHIP APPLICATION	<input type="radio"/> APPOINTMENT MADE FOR ORIENTATION/EVALUATION	<input type="radio"/> MEMBERSHIP CARD(S)	

PAYMENT INFORMATION	METHOD OF PAYMENT	MONTHLY AMT \$	SEMI-ANNUAL AMT \$	STAFF INITIAL _____	<input type="radio"/> NMF PAID
	EFT _____	_____	_____		
	CREDIT/DEBIT _____	QUARTERLY AMT \$	ANNUAL AMT \$	MEMBER INITIAL _____	
	<input type="radio"/> 1ST <input type="radio"/> 15TH	_____	_____		

FIRST NAME:

PREVIOUS MEMBER

1st

15th

Annual

Raptor

YMCA Membership Application Part II

MISSION

The mission of the YMCA of Darke County is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

CONDITIONS OF MEMBERSHIP

Members are provided a Program Guide and a new member packet and agree to abide by the policies and procedures presented within it. All members are required to present a valid membership card for identification when using the YMCA of Darke County and participating in programs. Membership in the Y is a privilege, and the Y reserves the right to cancel anyone's membership and refund fees on a prorated basis if the Y deems such action to be in its best interests. The Y conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the Y reserves the right to cancel membership, end program participation, and remove visitation access. Membership privileges and cards are not transferable, remain the property of the Y and must be returned upon request.

Please note:

- **MEMBERSHIP DUES ARE NON-REFUNDABLE.**
- **MEMBERSHIP DUES AND SIMILAR PAYMENTS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS.**
- **ANY CHANGES IN THE TYPE OF MEMBERSHIP OR CHANGES IN ACCOUNT NUMBERS SHOULD BE MADE IN PERSON AT THE WELCOME CENTER ON OR BEFORE THE 20TH OF THE MONTH TO TAKE EFFECT THE NEXT MONTH.**
- **A \$25 RETURNED PAYMENT FEE WILL BE ASSESSED TO YOUR ACCOUNT IF RETURNED PAYMENTS ARE NOT RESOLVED WITHIN THE TIME PERIOD STATED ON YOUR INVOICE.**
- **MEMBERSHIP RATES ARE SUBJECT TO CHANGE; NOTICE OF INCREASE IN MEMBERSHIP RATES WILL BE MAILED OUT 30 DAYS IN ADVANCE.**
- **MONTHLY MEMBERSHIP DUES AND OTHER FEES (NEW MEMBER FEES, PROGRAM COSTS, ETC.) ARE EACH SEPARATE TRANSACTIONS AND THEREFORE DRAFTED SEPARATELY.**
- **ALL MEMBERSHIP AND/OR PROGRAM BALANCES MUST BE PAID PRIOR TO MEMBERSHIP TERMINATION BEING ACCEPTED.**

WAIVER

In consideration of my participation in the activities of the YMCA of Darke County and the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

I do declare myself and those on my membership to be physically sound, having medical approval to participate in the activities of the Y. I/we also do hereby authorize the YMCA of Darke County to utilize videotape or photographic materials of myself and anyone on my membership, for purpose of promotional materials for the YMCA of Darke County Programs and Services.

I/we understand that the YMCA of Darke County is not responsible for personal property lost or stolen while members and/or program participants are using the Y facilities or on the Y premises.

ELECTRONIC FUNDS TRANSFER / CREDIT CARD AUTHORIZATION

I authorize my bank to honor pre-authorized drafts drawn by the Y on my account for membership payments, programs and / or contributions. When the bank or credit card carrier honors the draft by charging my account, such drafts constitute my receipt for the payment. If at any time there is to be a change, deletion or cancellation of my membership, **it is to be submitted in writing in person at the Welcome Center, along with membership card(s) by the 20th of the month to take effect the next month. All balances must be paid prior to termination.**

The purpose of offering a Y membership under the drafting plan is to provide you with the convenience of a monthly payment without interest charges. Please read the following guidelines:

1. On the 1st or the 15th of the month following joining, the first withdrawal will be drafted out of the member's account or credit card. An account can be held at any banking institution in the United States.
2. The monthly draft will be processed thereafter on the 1st or the 15th of the month.
3. A returned payment fee of \$25 will be charged to any account for returned payments.
4. The Drafting plan is a continuous membership plan that never expires.
5. The YMCA Board of Trustees may at their discretion adjust the monthly rate applicable to any membership. I understand that I will receive at least four weeks notice prior to any such changes.
6. Any concerns regarding charges must be addressed with the Y within 60 days of occurrence.

CORPORATE PAYROLL DEDUCTION

I authorize the employer named below to deduct the amount below from my payroll check and forward this amount to the YMCA of Darke County for payment towards my membership.

All changes to Corporate memberships must be made in writing in person at the Welcome Center by the 20th of the month to take effect the next month.

I understand that in the event my employment with the below named company is terminated, I am responsible for any balance due on the membership or I may choose to discontinue the membership and the obligation by signing an exiting/cancellation form in person at the Welcome Center.

Employee Name: _____

Company Name: _____

Membership Type: _____ Frequency (Select One)

WEEKLY

BI-WEEKLY

SEMI-MONTHLY

MONTHLY

MONTHLY E-PAY

ANNUAL

Additional Discount: _____

Net Balance Due: _____

Payroll Deduction Amt: _____

E-Pay Amt: _____

ACCEPTANCE:

I accept all provisions of membership set forth above and, understanding the Mission of the Y, hereby apply for membership. I understand that information given for my Y membership is the property of the Y and is kept as confidential information by the Y and its representatives.

SIGNATURE OF MEMBER or LEGAL GUARDIAN

DATE

New Member Packet Received

MEMBER INITIAL