

YMCA of the Northwoods Membership Application



Purpose and Goals – As a member of the YMCA of the Northwoods, I agree to cooperate and adhere to the YMCA’s mission – to put Christian principles of caring, honesty, respect, and responsibility into practice through programs that build healthy spirit, mind, and body for all.

Personal Information (Please Print)

Last Name, First Name, MI (01)	Home Telephone #	Work Telephone #
Address (Street & P.O. Box)	(City, State, ZIP)	E-Mail Address
Place of Employment	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: Month/Day/Year / /
Emergency Contact (Name)	Relationship	Telephone #
<i>The following information is confidential and is for statistical purposes only.</i>	Annual Household Income: (OPTIONAL) <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10-\$19,999 <input type="checkbox"/> \$20-\$29,999 <input type="checkbox"/> \$30-\$39,999 <input type="checkbox"/> \$40-\$49,999 <input type="checkbox"/> \$50,000-\$74,999 <input type="checkbox"/> \$75,000-\$100,000 <input type="checkbox"/> Over \$100,000	Ethnicity: (OPTIONAL) <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other

Spouse (List last name only if different from above)	Place of Employment	Work Telephone #	D.O.B.: Mo/Day/Year / /
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Children	Date of Birth	M/F	Name	Date of Birth	M/F
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	

*Do you exercise regularly at least twice a week? Yes No Spouse? Yes No
 *If yes, have you been doing it for at least 6 months? Yes No Spouse? Yes No

How did you hear about the YMCA: Newspaper YMCA Focus Radio TV
 Friend/Relative A Member Other _____

Responsibilities and Releases

Membership Card – I understand that I must present my membership card for admission and cards are non-transferable. Abuse of membership card or violations of Code of Conduct may result in suspension/termination of membership. _____ *Initial*

Code of Conduct- The YMCA is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, inappropriate attire, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type. Conduct detrimental to the association and/or in disregard of YMCA member policies and practices may result in suspension and/or termination of membership privileges. _____ *Initial*

Liability – I understand that the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities or programs. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family’s participation in these activities. I hereby release and discharge the YMCA, its agents, and employees from any and all claims for injury, illnesses, death, loss, or damage, which I, or any member of my family may suffer as a result of my or my family’s participation in these activities. _____ *Initial*

Photo Talent Release – I give permission to the YMCA of the Northwoods to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my or my family’s image(s) or voice(s) for purposes of promotion or interpreting YMCA programs. _____ *Initial*

*Anyone that appears on the Sex Offender Registry is not eligible for a YMCA Membership. _____ *Initial*

SIGNATURE _____ DATE _____

Driver’s License # _____ State ID # _____ MID# _____

Strong Kids Campaign Round Up

The Robert Kaulum Memorial Scholarship Fund

The YMCA of the Northwoods believes in providing membership services to all who desire to participate in the YMCA. The financial assistance program, supported through contributions to the Annual Strong Kids Campaign, provides funds for those in need within our available resources. Please consider adding a donation to your membership fees to help the Y in its mission of putting Christian principles into practice through programs that build healthy, spirit, mind and body for all.

Please add \$ _____ to my monthly bank draft. Please add \$ _____ to my total membership payment.

Signature _____ Date _____

AUTHORIZATION TO HONOR ACH DEBITS OR DRAFTS BY THE YMCA of the NORTHWOODS for MEMBERSHIP PAYMENTS

1. I, the undersigned, authorize the financial institution, designated hereon to pay the YMCA of the Northwoods and charge to the account(s) identified on the attached deposit slip(s) or voided check(s) on a monthly basis. I understand that my checking/savings will be debited on the 1st or 15th of the month (depending on when sign-up occurs) to pay my membership for the following month. **I understand my YMCA membership via bank draft is a monthly commitment and will automatically be withdrawn every month unless I notify the YMCA in writing 30 days prior to my draft date.** *Initial* _____
2. In the event that I cancel my membership, I understand that I must turn in all membership cards, that I will receive temporary cards for the balance of the time I have paid or will be paying, and that one more monthly payment will be withdrawn from my account before my membership is considered terminated.
3. In the event my bank does not honor my membership draft, I understand that I am still responsible for that payment to the YMCA and for any service fee imposed by my bank. If more than two bank drafts are returned on my account, I realize that my bank draft privileges will be revoked and I am responsible for the remaining balance due on my membership payable by cash only. **A \$25.00 service fee will be charged on any returned bank draft. No program sign up will be allowed until payments are received.**
4. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least 30 days notice prior to any such change.
5. I understand that all payments are non-refundable. (2 - 5) *Initial* _____

[[Attach voided check here]]

Name of Bank	<input type="checkbox"/> Checking Account	Monthly Payment
Mailing Address of Bank (street, city, state, zip)	<input type="checkbox"/> Savings Account	\$ _____
<p>To honor either preauthorized checks or drafts drawn by you on my account for membership payments as indicted above. It is understood that your sending of a preauthorize check or draft to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the check or draft by charging my account, such check or draft shall constitute my receipt for the payment. Should any preauthorized check or draft not be honored by said bank when received by them, I will remain liable for such payment and shall immediately pay to you such amount together with an additional processing fee of \$25.00.</p>		
Depositors Account No. _____	Signature of Bank Depositor (As shown On Bank Records: _____	
Bank Transit No. _____	_____	

FOR OFFICE USE ONLY		
Membership Type:	<input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> College <input type="checkbox"/> Family <input type="checkbox"/> Short-term <input type="checkbox"/> Corporate <input type="checkbox"/> Scholarship <input type="checkbox"/> Other _____	
Transactions:	Join Date ____/____/____	<input type="checkbox"/> Joiner's Fee \$ _____
Payment Options:	<input type="checkbox"/> Membership Amount	\$ _____
<input type="checkbox"/> Annual Full Pay	<input type="checkbox"/> Strong Kids Campaign	\$ _____
<input type="checkbox"/> Continuous Bank Draft	<input type="checkbox"/> Scholarship Amount	\$ _____
<input type="checkbox"/> Corporate Group # _____ (Payroll deduct)	<input type="checkbox"/> Transitional	\$ _____
Staff Initials: _____	<input type="checkbox"/> Other _____	\$ _____