



YMCA OF THE NORTHWOODS
Annual Support Campaign Presents:
Membership For All

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Membership For All

Everyone belongs at the YMCA, regardless of income level. The heart of the YMCA's mission is to serve all people in our community. We offer income-based memberships to give kids, families, and adults the opportunity to pay a monthly membership fee that best aligns with their household income.

- Fill out entire application packet. If lines do not pertain to your situation, complete by writing N/A or non-applicable.
- Attach copies of all documents that pertain to your situation.
- Proof of income (one month of documentation is acceptable)
- One or more of the following documents:
 - Most Current Tax Return (1040, 1040EZ)
 - Payroll Check Stubs
 - Child Support
 - Alimony
 - Tribal Income
 - Social Security Benefits Letter
- Mail or drop off completed application and *copies of documentation for review to:
 - YMCA of the Northwoods
2003 E. Winnebago Street
Rhineland, WI 54501

All applications must be complete for review process. The Membership Coordinator will contact you to complete review process. All Information is Strictly Confidential. Renewals must be completed every 18 months.

*If you do not have access to a copy machine, the Welcome Center will be happy to make copies for you.



YMCA OF THE NORTHWOODS

Membership For All Application

Name of Applicant _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number(s) Day (_____) _____ Evening (_____) _____

Employer Name _____

Members of the family household (include yourself) (Family Membership is defined as: Up to two adults and their dependent children.)

Number of adults in family household _____ Number of children in family household _____

FIRST NAME	MIDDLE NAME	LAST NAME	BIRTHDATE

Family Household income (annually) \$ _____ Child Support (annually) \$ _____

Other annual income (sources and amount) _____

Do you own or rent your home? _____

Please list any special circumstances that contribute to your request for financial assistance (i.e. medical bills, unemployment, etc.) _____

Which membership type would you like to apply for? _____

What would this financial assistance mean to you and/or your family? _____

How much do you feel you can afford to pay a month for membership? _____

Applicant's signature: _____ Date: _____



YMCA OF THE NORTHWOODS MEMBERSHIP FOR ALL APPLICATION

Purpose and Goals – As a member of the YMCA of the Northwoods, I agree to cooperate and adhere to the Y mission. **Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.**

Adult (Primary) Information (Please Print) *Required information in this segment is in bold and shaded*

Last, First, MI Name	Phone Number	Additional Phone Number
Address	City, State, Zip	Email
Birth Date / /	Gender	Place of Employment
Emergency Contact Name	Emergency Contact Phone Number	Relationship to Emergency Contact

Family Information-If applying for a family or youth membership please complete the information below:

First and Last Name	Birth Date	Age	Relationship	Student	M/F
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	

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 Y 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 Y property and criminal conduct of any type. _____ **Initial**

Privacy-I understand that I will not take any type of photo, video, or electronic data of members, class participants at any time. Conduct detrimental to the association and/or in disregard of Y member policies and practices may result in suspension and/or termination of membership privileges and possibly litigation. _____ **Initial**

Liability – I understand that the Y 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 Y, 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 Y programs. _____ **Initial**

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

SIGNATURE _____ DATE _____

SIGNATURE (Parent if minor) _____ DATE _____

Annual Support Campaign
The Robert Kaulum Memorial Scholarship Fund

The YMCA of the Northwoods believes in providing membership services to all who desire to participate in the Y. The financial assistance program, supported through contributions to the Annual Support 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 OR CREDIT CARDS 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 credit card or account(s) identified on the attached deposit slip(s) or voided check(s) on a monthly basis. I understand that my credit card or account(s) identified 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 Y membership via bank or credit card draft or is a monthly commitment and will automatically be withdrawn every month unless I notify the Y in writing 30 days prior to my draft date.**

Signature: _____ **Date:** _____

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. **Initial** _____

3. In the event my bank/credit card company does not honor my membership draft, I understand that I am still responsible for that payment to the Y and for any service fee imposed by my bank. If more than two bank draft/credit card transactions 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 or credit card transaction. No program sign up will be allowed until payments are received.** **Initial** _____

4. TERMS-Upon expiration of the initial term, this agreement shall automatically renew at the then current rates for successive one-month terms until such time as either party shall deliver thirty (30) days written notice of termination prior to the expiration date of the then current term. **Initial** _____

5. I understand that all payments are non-refundable. **Initial** _____

Membership Type: Youth Young Adult Adult College Family Short-term

Transactions: Join Date ____/____/____ Joiner Fee \$ WAIVED

Payment Options: Annual Support Campaign \$ _____

Annual Full Pay \$ _____ Transitional \$ _____

Continuous Monthly Payment \$ _____ MFA Percentage off _____ %

MFA Expires _____

(Renewal must be completed every 18 months)

Staff Initials: _____

I agree to the above membership dues. Signature _____ Date: _____

Staff Initials/Date:

Entered into system: ____/____/____ Noted Daxko:: ____/____/____ Verified by: ____/____/____ Sex Offender Check: ____/____/____